	2040	CERTIFICA	AIL OF DEAT		Reg	Dist. No.	
1. PLACE OF DEATH o. CHIEDMIC	0	MARYLAND	2. USUAL RESIDENCE (W	/here deceased lived	l. If institution: Reb. COUNTY	sidence before od	mission)
b. CITY OR TOWN RURAL and give	(If autside carporate limits, write acorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Salisbury	autside carporate li	mits, write RURAL	ond give nearest t	own)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street G. Hospt.	address)	d. STREET ADDRESS R.D.# 1.	Allen Roa	ıd	e. IS OT YES	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Samuel M. P.	Banks Middle	Lost	4. DATE OF DEATH	Aprol	22. Doy	Yeg56
5. SEX Male		RIED NEVER MARRIED DEN BONCED	8. DATE OF BIRTH NO Record	9. AC 8 7 as	E (In years t birthday) Man yrs.	NDER I YEAR IF U	
10a. USUAL OCCUPAT during most of wo Retired	ION (Give kind of work done 10b. rking life, even if retired)	Own Farm		e or foreign country ind, Maryl		U.S.A.	IAT COUNTR
13. FATHER'S NAME	Thomas Banks		14. MOTHER'S MAIDEN Mary	NAME Ellen Sm	ith		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.		informant . Clarence Ba	nks, (Son)	R.D. #	l. Salis	bury,
Conditions, if gave rise to couse (o), stating lying couse last	immediate DUE TO	Hyperten	NOT RELATED TO THE TERM	MINAL DISEASE CON	IDITION GIVEN IN	I PART 1(a) 19. W. PEI	AS AUTOPSY
PART II. OT	AS UNDERLYING 20b. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II of	item 18.)	YES	NO
20c. TIME OF INJU Hour a. p. p. m.	19 While	Not while fo	ACE OF INJURY (Home, far ctary, street, office bldg., et		wn)	(Caunty)	(Stole)
ACTUAL SIGNATURE	that I attended the decease 4/22, 192 2/23/33 Or. William B. S			ADDRESS (Street, of ILLIAM Bo	SMITH ENTER		
220. BURIAL, CREMATIO		22c. NAME OF CEMETERY C		22d. LOCATION (City, town, or cour		itate)
23. FUNERAL DIRECTOR Hollows	r's signature ay & Co. Salisbu	ADDRESS ry, Maryland,	A 240. REC DATE	26 10 E	24b. REGISTRAR	-	Swark

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after der may be retained by the physician.

TO FUNERAL DIRECTOR: The this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages? Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours affer death.

VS A15 (4) 15M 9/55

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PLACE OF DEATH

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the certificate has been executed by the attending physician and completely filled in death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04523

CERTIFICATE OF DEATH 4524

Reg. Dist. No. 332

1.2. USUAL RESIDENCE (HOME) OF DECEASED

	COUNTY Wicomico	MARYLAND	STATE Mar	yland COUNTY Ca	aroline /
2	CITY (If outside corporete limits, write RURAL OR end give neerest town) TOWN Salisbury	fin this plece) 52 years	OR	corporate limits, write RURAL and giver	e neerest town)
1	HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State 1	Hospital	STREET ADDRESS	(If rurel give loce	tion)
		(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
	(Type or Print) John We	sley	Baynard	DEATH Apri	1 13 1,56
	5. SEX 6. COLOR OR 7. SINGLE, MARRI		OF BIRTH	9. AGE lest birthdey IF U	NDER 1 YEAR IF UNDER 24 HRS.
		ngle 12,	/5/1883	72 yrs. Mon	
1	done during most of working life, even il OR	D OF BUSINESS	11. BIRTHPLACE (State o		12. CITIZEN OF WHAT COUNTRY?
-	13. FATHER'S NAME	8	1 14. MOTHER'S MA	o, Maryland	USA
	James M. Baynard			. Eveland	
		SOCIAL SECURITY NO.	17. INFORMAN	T & ADDRESS	
0	(Yes foo or unk.) (II Yes give wer or detes of service)	None		ital Records	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	ERTIFICATION		ONSET AND DEATH
	600,0 IMMEDIATE CAUSE (A) Ure	mia			72 hrs
	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	lonephritis			2 months
	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Congenital A	thetosis		
0	196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY? YES NO X
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ffice bldg., etc.)	21c. WHERE DID INJURY C	OCCUR? (City or town)	(County) (Stete)
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. While Mr. In the Market Ma		21f. HOW DID INJURY C	OCCUR?	
	22. I hereby certify that I attended the decea	sed from 10/17	19.50 to	4/13/ 19.56 th	at I last saw the deceased
5 10M		that death occurred	dve. M. D.	the causes and on the date s ADDRESS (Street, city, lown, stell Ospital; Salisbury	stated above. DATE SIGNED
A15C 1-55	23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 4/16/56	Greensbore	R CREMATORY	Greensboro	ounty) (Sfete)
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE # - 16-56 May W. 1400	lonay	25. FUNERAL DIRECTOR	OR'S SIGNATURE	loro, Mel.

CERTIFICATE OF DEATH

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VS A15 (4) 15M 9/55 I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

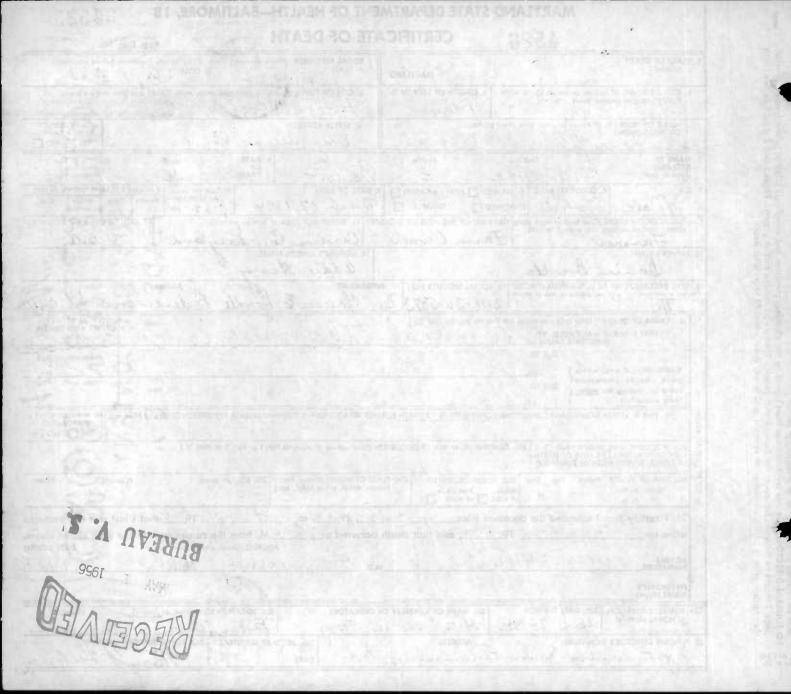
CERTIFICATE OF DEATH

4525

8 . 04524 Reg. Dist. No. 332

1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Mo. STATE Maryl:		d lived. If instituti b. COUNTY		oline	mission)
b. CITY OR TOWN (If outside corporate limits,	write c. LENGTH OF STAY IN 16			prote limits, write R	URAL ond	give nearest	lown)
RURAL and give nearest town) 12 Salisbury	$l^{\frac{1}{2}}$ yrs	Federal	sburg		05	x. 2	
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street address)	d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
9/ Deer's Head State H	lospital	321 S. M	ain St	reet			NO D
3. NAME OF First DECEASED (Type or print) Mary	Middle C •	Bennett	4. DATE OF DEATH	Mori Apri		Day 5	Year 19 56
Powelle Librite	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 12/2/1877		9. AGE (In years lost by thday) yrs.	IF UNDER	1 YEAR IF U Days Ho	NDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired)	ne 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Store Felton,	-		12. CI1	USA	HAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
George N. Carson		Ella Si	mith		_ 60		
15. WAS DECEASED EVER IN U. S. ARMED FORCE: (Yes. no. or unknown) (If yes, give war or dates of service Unk.		Hospital Reco	ords	Add	ress		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	FIONS CONTRIBUTING TO DEATH BU Old CVA b. DESCRIBE HOW INJURY OCCURR	CardioVascula JT NOT RELATED TO THE TERM RED. (Enter noture of injury in	MINAL DISEAS	E CONDITION GIV	VEN IN PAR	10	yrs AS AUTOPSY REORMED? NO 3
20c. TIME OF INJURY Month, Day, Year Hour a. jt. p. m. 19	While Nat while at work of work	PLACE OF INJURY (Home, far actory, street, office bldg., et	c.)			County)	(Stote)
21. I certify that I attended the dealive on April 1 Actual SIGNATURE PHYSICIAN'S L. V. Maldve	, 12 <u>56</u> , and that deat	Maldve, M.D.	M, from		and an t	he date st	tated abave.
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 4/7/56	22c. NAME OF CEMETERY (TION (City, town, cederica,			Stote) Kent Co
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Federalsburg	24a. REC	D BY REGIST	TRAR 24b. REGI	STRAR'S SIG		

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		See Walkship		EL STEPHEN
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			PROPERTY AND	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 4527

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Reg. Dist. No. 33/
E) OF DECEASED
COUNTY DICOMICO RERURAL and give nearest town)
(If rural give location)
± /
TE (Month) (Dey) (Yeer)
oirthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min,
12. CITIZEN OF WHAT COUNTRY?
ines
5 Delware Del
INTERVAL BETWEEN ONSET AND DEATH
20. AUTOPSY? YES NO NO (County) (Stete)
wn) (County) (State)
, 19.5(a, that I last saw the deceased
on the date stated above. t, city, town, stete) DATE SIGNED
Salushy 4-16,56
(City, tows, or county) (Stete)
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	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ///COM 1CO MARYLAND	STATE MARY IAN OCCUMIY WICOMIOO
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY (il outside corporate limits, write RURAL and give nearest town) OR
TOWN SALIS DIE RIL	TOWN MARDOLA
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS PENINSULA GENERAL ITUSPITI	AL ADDRESS R, F, D #/
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Year)
(Type or Print) CARRIC	BROWN DEATH APRIL 16 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. D	DATE OF BIRTH 9. AGE fest birthdey IF UNDER 1 YEAR IF UNDER 24 HR
Female Colored (Specify) Dulorced 8	7/2/13 42 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS,	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
C B D +	blattic Hair
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	IO. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	o. Homen a robbits of the of
	Othe Roberts Deliver Der
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
624X IMMEDIATE CAUSE (A) Generalized	pentontis
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) alphago - Bo	phonules.
STATING UNDERLYING CAUSE LAST, DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION J 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from 3 = 2	9, 19.5 la., to 4 - 1 la, 19.5 la, that I last saw the decease
1., . La /	red at 1:00 At.M. from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNET
Stedmen W. finth	7010. 10. 10. 50. 6 1115
4	RY OR CREMATORY LOCATION (City, town, or county) (Stete)
REMOVAL (SPECIFY)	Po 81 Trum in
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	230 FUNERAL DIRECTOR PSIGNATURE
DATE R / 1 1950 // leve At Holloways	James Blastuell Gaster Ind

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	1.	PLACE OF DEATH o. COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Resonance of the county with the count	idence before admission) i comi co
	18	c. CITY OR TOWN (If outside corporate limits, write RURAL cond give nearest learn) Cond give nearest learn) Cond give nearest learn) Salisbury Cond give nearest learn)	and give nearest town)
00	Sc	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) uth of College Ave. on R. R. tracks Elberta Ave.	e. IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF DECEASED Linwood Lawrence Brundle OF DEATH 4 DATE Month OF DEATH 4	28 19 56
)		M C WIDOWED DIVORCED Months	ER LYEAR IF UNDER 24 HR. Doys Hours Min.
1	100	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. Containing most of working life, even if retired)	U. S. 17.
	13	Elbert Bundle Elexander Contur	yhl
0	15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT State Palice Before Both Conference of Services	2
		PART I. DEATH WAS CAUSE 09 Gompound fracture of skull 979 X Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse lost. DUE TO Could be underlying (c)	Sudden
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	20b. EXTERNAL CAUSE WAS PRIMARY A-or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) Walked on the tracks and turned his back to the tracks.	rain.
	MEDICAL	3:55 Am: 4-28-56 19 While Not while R. R. Tracks Salisbury Wice	County) (Stote) Omico Maryl
		21. I certify that I took charge of the remains described abave, held an Autapsy , Inspection , Inquideath resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined cause	
2	1	ASSISTANT MEDICAL EXAMINER	7 -1
2		NAME (Type) Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINETY 5	-1-56
2	1	NAME (Type) Earl L. Royer, M. D. DEPUTY MEDICAL EXAMINERS 5. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county REMOVAL (Specify) 5.456 26 26 26 26 26 26 26 26 26 26 26 26 26	Va



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4529 CERTIFICATE OF DEATH

1.	PLACE OF	DEATH				2. USUA	L RESIDE	NCE (HO	ME) OF D	ECEASE	D	
	COUNTY	Wicom	ico	MARYL	AND	STATE	Marv	land	COUNTY	Wicc	mico	
	OR and giv	de corporate limits, e necrest town)	write RURAL	LENGTH OF		CITY (If outside corp		write RURAL	end give ne	aresi town)	
7	TOWN		isbury			TOWN	Sali	sbury	7			
6	HOSPITAL OR				AFFE HE	STREET	S		(If rurel gi	ve location)		JUST
4	STREET ADDRES	T OH.		lospital				.D.#3	3			
3.	NAME OF DECEASED	(First)		(Middle)		(Last)		4. 0	ATE (Mo	nth)	(Day)	(Ye
	(Type or Print)	CHAR	LES	HARRIS	C	ORDREY		Č	EATH A	PRIL	23rd	19
		6. COLOR OR RACE	7. SINGLE	, MARRIED, VED. DIVORCED.	B. DATE O	F BIRTH		9. AGE le		IF UNDE		IF UNDER
1	Male	White	(Specify	VED, DIVORCED, Widowed	Sept	.22,18	75	80	yrs.	Months	Days	Hours
10e.	USUAL OCCUP	ATION (Give kind	of work	OR INDUSTRY		11. BIRTHPLACE	E (Stata or fore	ign country		1	2. CITIZE	
/	retired) Re	ost of working life.	armer	Farming		Wico	mico	Co. A	Maryla	and	COUN	
13.	FATHER'S NAM	E					ER'S MAIDEN					
1 5	Samuel	Cordre;	У			Lav	enia .	A. Hi	tcher	ns		
	WAS DECEASED UNK.)	(If Yes, give wer					· Kat	herir	ne Hil	Ll (I	augh	ter
(You	DISEASES OR CO	(If Yes, give wer o	or dates of service	18. MEC	DICAL CER	TIFICATION	t Chu	roh S	e Hil	ll (I	PATHIE	Iter
(You	DISEASES OR CO	ONDITIONS DIRECT	or dates of service	18. MED	DICAL CER	TIFICATION	t Chu	roh S	te Hill	ll (I	PATHIE	EVAN BET
I (Yet	DISEASES OR CO	(If Yes, give wer of CONDITIONS DIRECT CAUSE CEDENT CAUSE(S) NOTIONS. IF ANY	LY LEADING TO (A) DUE TO ((B)	18. MEC	DICAL CER	TIFICATION	t Chu	roh S	st. St	ll (I	PATHIE	EVAN BET
I (Yee	DISEASES OR CO	ONDITIONS DIRECT	LY LEADING TO (A) DUE TO (B) E DUE TO	18. MEC	DICAL CER	TIFICATION	t Chu	roh S	ie Hill St. St.	ll (I	PATHIE	EVAN BET
I C	DISEASES OR CO	ONDITIONS DIRECT EDIATE CAUSE CEDENT CAUSE(S) NOTIONS, IF ANY HE ABOVE CAUSING CAUSE LAS	CLY LEADING TO (A) DUE TO (, (B) EL DUE TO (C)	18. MEC	DICAL CER	TIFICATION	t Chu	roh S	st. St. Sail	ll (I	PATHIE	EVAN BET
I I GIVEN STA	DISEASES OR CO	ONDITIONS DIRECT DIRECT DEDIATE CAUSE CEDENT CAUSE(S) ADITIONS, IF AN' HE ABOVE CAUSE LAS ANT CONDITIONS UT NOT RELATED TO	LY LEADING TO (A) DUE TO (b) EDUE TO (C) (C) (C) (C) CONTRIBUTING O THE	18. MEC	DICAL CER	TIFICATION	t Chu	roh S	st. St. St. Land	ll (I	PATHIE	EVAN BET
I C 4	DISEASES OR CO	ONDITIONS DIRECT	LY LEADING TO (A) DUE TO (C) (C) (C) CONTRIBUTING OTHE DEATH.	18. MEC	DICAL CER	TIFICATION	t Chu	roh S	st. St. St.	ll (I	I I I I I I I I I I I I I I I I I I I	ET AND I
DISSIGNATION OF THE PROPERTY O	DISEASES OR CO	(If Yes, give wer of CONDITIONS DIRECT CAUSE CEDENT CAUSE(S) ADTIONS, IF AN' (HE ABOVE CAUSING CAUSE LASS ANT CONDITIONS UT NOT RELATED TO ADDITION CAUSING CA	CAY LEADING TO (A) DUE TO (C) CONTRIBUTING OTHE DEATH 19b. MAJOR FIR	DEATH CENTERS EMPL EMPL NDINGS OF OPERATION	olical cer	TIPICATION	t Chu	roh s	St. St.	ll (I	I I I I I I I I I I I I I I I I I I I	EVALUET AND I
DISSIGNATION OF CONTRACT OF CO	DISEASES OR COMPINE TO THE DEATH BEDISEASE OR COMPINE THE REAL OF THE RE	(If Yes, give wer of CONDITIONS DIRECT LEDIATE CAUSE CEDENT CAUSE(S) NOTIONS, IF AN'THE ABOVE CAUSING CAUSE LAS ANT CONDITIONS UT NOT RELATED ADDITION CAUSING RATION AS UNDERLYING CAUSE OF DEAT AEDICAL EXAMINER	CONTRIBUTING OF INJURY To dates of service (A) (B) (B) (C) CONTRIBUTING OTHE DEATH. 21b. PLAC	DEATH CITCHO CITCHO	pical cer	TIFICATION	Lesson	reh E	St. St.	ll (I	ONS ONS 20 YES	EVALUET AND I
DISSIAN II CONTRACTOR II CONTR	DISEASES OR COMPINE TO THE DEATH BEDISEASE OR COMPINE THE REAL OF THE RE	(If Yes, give wer of CONDITIONS DIRECT CAUSE CEDENT CAUSE(S) ADDITIONS, IF ANY ING CAUSE LAS ANT CONDITIONS OF THE ABOVE CAUSE LAS ANT CONDITIONS OF THE ABOVE CAUSING CAUSING CAUSING CAUSING CAUSING CAUSE OF DEAT	CONTRIBUTING OF INJURY To dates of service (A) (B) (B) (C) CONTRIBUTING OTHE DEATH. 21b. PLAC	DEATH CATTERO NDINGS OF OPERATION E (Home, farm, factory street, office bldg., etc. 1) 21e. INJURY OCCU While Not	pical cer	TIPICATION	Lesson	reh E	St. St.	alist	ONS ONS 20 YES	AUTOP

ASSESSMENT OF THE PROPERTY OF HEALTH OF STATE OF

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CERTIFICATE OF DEATH

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director,	iled with	
en signed by the attending physician and completely filled in by the funeral director,	ansit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	
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ely filled	Pages 1	
complet	papers.	dia.
sicion and	re carbon	and in any event within 72 house after death
ng phys	e remov	72 hou
attend	en pleas	the within
by the	. The	Save .
igned b	permit	in an
en s	unsit	Cac

b. CITY OF TOWN (If outside corporate limits, write RURAL and give necested town) Saliabury App 25yrs Saliabury d. NAME OF HOSFITAL (If not in hospital, give affect oddress) Of INSTITUTION 206 Philadelphia Ave. 3. NAME OF COLOR OR RACE First S. SEX FEMALS COLOR OR RACE First Middle Could SON SEATH April 17th 19 S. SEX FEMALS COULSON SALIABUTH Month Day Year (If year) SALIABUTH Month Day Year Month Day Year April 17th 19 S. SEX FEMALS COULSON SALIABUTH Month Day Year (If year) SALIABUTH Month Day Year Month Day Year SALIABUTH Non Month Day Year Month Day Year Month Day Year In JATE Month Day Year Non May 30, 1874 SALIABUTH SALIABUTH SALIABUTH SALIABUTH SALIABUTH SALIABUTH INTERVALE (Stole or foreign country) III SENTIFE Country Month Month SALIABUTH III SENTIFE Month SALIABUTH SALIABUTH III SENTIFE Month SALIABUTH SALIABUTH Non III SENTIFE Month SALIABUTH SALIABUTH Non III SENTIFE Month SALIABUTH SALIABUTH SALIABUTH SALIABUTH Non III SENTIFE Month SALIABUTH PARTIL SALIABUTH Month SALIABUTH SALIABUTH III SENTIFE Month SALIABUTH SALIABUTH Non III SENTIFE Month SALIABUTH Non III SALIABUTH Non III SENTIFE Month SALIABUTH SALIABUTH III SALIABUTH Non III SENTIFE Month SALIABUTH Non III SENTIFE Month SALIABUTH Non III SENTIFE Month SALIABUTH Non III SALIABUTH Non III SALIABUTH Month Month III SALIABUTH Month Month III SALIABUTH Month III SALIABUTH Month III SALIABUTH Non III SALIABUTH Non III SALIABUTH Non III SALIABUTH Month III	1. PLACE OF DEAT a. COUNTY	Wicomico		II O STATE OF S	here deceased lived. If institu		
RURAL ord give necessate forms Salisbury App 25yrs Salisbury d. NAME OF HOSFITAL (if not in bopicit, give street oddress) OR INSTITUTION 206 Philadelphia Ave. 306 Philadelphia Ave. 316 NAME OF HOSFITAL (if not in bopicit, give street oddress) OR NATIOUTION 206 Philadelphia Ave. 317 AMERICA (if not in bopicit, give street oddress) OR NATIOUTION 206 Philadelphia Ave. 318 AME OF HOSFITAL (if not in bopicit, give street oddress) OR NATIOUTION 207 Philadelphia Ave. 318 AME OF HOSFITAL (if not in bopicit, give street oddress) OR NATIOUTION 208 Philadelphia Ave. 319 AMERICA (if not in bopicit, give street oddress) OULSON 209 Philadelphia Ave. 3206 Philadelphia Ave. 3207 Philadelphia Ave. 3208 Philadelphia Ave. 3209 Philadelphia Av	L CITY OR TON	*		Met of L		11 20011	
A. NAME OF HOSTITUTION 206 Philadelphia Ave A. STREET ADDRESS 206 Philadelphia Ave Philadelphia Philadelp	RURAL ond gi	ve nearest town)				RURAL and give ne	earest town)
OR NSTITUTION 206 Philadelphia Ave. 206 Philadelphia Ave State of Capacity Death State of Print of Could on the Could of State of Stat	12		2 01		bury		
S. SEK S. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH OP. AGE (In year) If UNDER LYARI FUNDER LYAR	OR INSTITUTI	ON			Philadelphia /	Ave	e. IS RESIDENC ON A FARM YES NO
Temale	3. NAME OF DECEASED (Type or print)				OF		ワナト
SUSUAL OCCUPATION Give kind of work done during most of working like, aven ir retired at thome 12. Citizen of What Co Chicago, III. 12. Citizen of What Co U.S. A. Citizen of Walk Co. 13. AATHEE'S NAME 14. MOTHER'S MADDEN NAME 14. MOTHER'S MADDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	5. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIE	D B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	
Retired—House Work at home I3. FATHER'S NAME Alexander Mackinzer I5. WAS DECEASEDEVER IN U. S. ARMED FORCES? It. SOCIAL SECURITY NO. IT. INFORMANT (If you give woo adots of survice) I6. SOCIAL SECURITY NO. IT. INFORMANT (If you was a dotted of survice) I7. INFORMANT (IF IT. SALE OF DEATH (Inter only one couse per lips for (e), (b), and (by)	Female	White w	VIDOWED DIVORCED	□ May 30,1874	81 yr	Months Days	Hours Mi
Retired—House Work at home 13. FATHER'S NAME Alexander Mackinzer Margaret Frazer 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MITS. RYCETJONES (Daughter) 200 Philadelphia Mits. Rycetjones (Philadelphia Mit	10o. USUAL OCCUP	ATION (Give kind of work do	ne 106. KIND OF BUSINESS OF	R INDUSTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN	OF WHAT COUN
13. FATHER'S NAME Alexander Mackinzer 14. Mother's Malden Name Margaret Frazer Margaret Frazer Mackinzer 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, mo. or under ordered of surviva) (If yes, give work or does not surviva) (If yes, give work or give work or give yes, give y	Retire	d- House Work	at home	Chicago,	Ill.	U	SA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (If yes, give we or of data of service) (In yes, give we or of data of service) (In yes, give we or of data of service) (In yes, give we or of data of service) (In yes, give we or of data of service) (In yes, give we or data of	13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME		
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18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (b) DUE TO	(Yes, no, or unknown)	(If yes, give war ar dates of servi	5? 16. SOCIAL SECURITY NO.	Mrs. RyderJone	s(Daughter) 20	6" Philad	elphia /
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Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTT PERFORME YES NOT CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTT PERFORME YES NOT CONTRIBUTING CAUSE OF DEATH II. OTHER NOTITY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year While Not while of work of work of work of work. 21. I certify that I attended the deceased from	1100	IMMEDIATE CAUSE (0)_	Clifery	al Hemo	Muse	5	munu
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alive an Actual Signature M.D. Medical Center PHYSICIAN'S Dr. Wilber R. Ellis M.D. Salisbury, Maryland April 9 220. BURIAL, CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	Gove rise to couse (o), sto lying cause in the part II. 20a. ACCIDENT: COR CONTRIBUTION (IF EITHER, NO	if ony, which o immediate ting the underast. OTHER SIGNIFICANT CONDITIONS Column Column	20d. INJURY OCCURRED	CURRED. (Enter nature of injury in 20e. PLACE OF INJURY (Home, farm	Part I or Part II of item 18.)		PERFORMEDT YES NO
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ACTUAL SIGNATURE Dr. David J. Gilmore M.D. PHYSICIAN'S Dr. Wilber R. Ellis M.D. Salisbury, Maryland April /9 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) REMOVAL (Specify) A. MadDress (Street, city or town, stote) Medical Center Salisbury, Maryland April /9 (Stote)	Gove rise is couse (o), sto lying cause is lying cause is PART II. 20a. ACCIDENT: COR CONTRIBUTION (IF EITHER, NO Hour o. P.	if ony, which o immediate ling the under-ost. OTHER SIGNIFICANT CONDITION OF WAS UNDERLYING TIME CAUSE OF DEATH TIFY MEDICAL EXAMINER) NJURY Month, Day, Year 1. 19	20d. INJURY OCCURRED While Not while of work	CURRED. (Enter nature of injury in 20e. PLACE OF INJURY (Home, farm	Part I or Part II of item 18.)	(County)	PERFORMED: YES NO
ACTUAL SIGNATURE Dr. David J. Gilmore M.D. Medical Center PHYSICIAN'S NAME (Type) Dr. Wilber R. Ellis M.D. Salisbury, Maryland April /9 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	Gove rise to couse (o), sto lying cause I lying cause I on the couse (o), sto lying cause I on the cou	if ony, which o immediate o immediate oit. OTHER SIGNIFICANT CONDITIONS OF DEATH OF THE MEDICAL EXAMINER OF THE MEDICAL EXAMI	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, farm factory, street, office bldg., etc.	Part I or Part II of item 18.) n, 20f. (City or town)	(County	PERFORMED YES NO (Sh
PHYSICIAN'S Dr. David J. Gilmore M.D. Salisbury, Maryland April /9 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	Gove rise to couse (o), sto lying cause I lying cause I on the couse (o), sto lying cause I on the cou	if ony, which o immediate o immediate oit. OTHER SIGNIFICANT CONDITIONS OF DEATH OF THE MEDICAL EXAMINER OF THE MEDICAL EXAMI	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, form factory, street, office bldg., etc.	Part I or Part II of item 18.) n, 20f. (City or town) 24. 19.5 AM, fram the causes	(County)	PERFORMED YES NO (Sto
NAME (Type) Dr. Wilber R. Ellis M.D. Salisbury, Maryland April 9 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 21. I certificative an	if ony, which o immediate o immediate oit. OTHER SIGNIFICANT CONDITIONS OF DEATH OF THE MEDICAL EXAMINER OF THE MEDICAL EXAMI	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, form factory, street, office bldg., etc.	Part I or Part II of item 18.) 10. (City or town) 11. 195 12. 195 13. 195 14. 195 15. 195 16. (City or town) 17. 195 18.	(County)	PERFORMED YES NO (Ste
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	gove rise is couse (o), sto lying couse I ly	if ony, which o immediate o immediate oimmediate oit. OTHER SIGNIFICANT CONDITIONS OF DEATH	20d. INJURY OCCURRED While Not while of work of twork and that the state of two sta	CCURRED. (Enter nature of injury in 20e. PLACE OF INJURY (Home, form factory, street, office bldg., etc., 1915, ta., death accurred at 10:20 A.M. Medical Salisbu TERY OR CREMATORY Cemetery	Part I or Part II of item 18.) 10. 20f. (City or town) 22d. LOCATION (City, town, Salisbury,	(County)	PERFORMED YES NO (Some stated of the stated

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. BUREAU V. Z. 9961 88 May the man and the state of the professional and the state of AT YELDER A YARREN ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04530

4531 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		I a ucual proint		
		2. USUAL RESIDE	NCE (HOME) OF DECEASE	D
COUNTY Wicomico	MARYLAND	STATE Md.	COUNTY Wicc	mico
CITY (If outside corporate timits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this place)	CITY (If outside corp	orate limits, write RURAL and give nee	
TOWN Salisbury	3 Hrs.	TOTAL OF THE PARTY	e Haven	
HOSPITAL OR	10 1115.	STREET	(If rural give location)	^ <u> </u>
INSTITUTION OR STREET ADDRESS TO	77	ADDRESS		
STREET ADDRESS Peninsula Gen. 3. NAME OF (First)	Hospital (Middle)	(Last)		70
DECEASED	(Middia)	(Last)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) Harry	B. Covi	ngton	DEATH April	23 19 56
5. SEX 6. COLOR OR 7. SINGLE, MA WIDOWED,	RRIED, 8. DATE	OF BIRTH	9. AGE lest birthday IF UNDER	
M White (Specify) Me		8-1880	76 yrs. 2 Months	Days Hours Min
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or for		. CITIZEN OF WHAT
	OR INDUSTRY	0 1	369	COUNTRY?
Wätterman Fi	isherman	Cambridge	Md.	U.S.
		14. MOTHER 3 MAIDEN	NAME	
George Westley Covi		Lucy Emi	ly Robertson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
(Yas, no, or unk.) (If Yas, give wer or detes of service)	214-32-5870	Manar Con	ington, White	Unam Ma
	18. MEDICAL CE	RTIFICATION	rug con, autre	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	Н	10	21111	ONSET AND DEATH
331X IMMEDIATE CAUSE (A)	Chebro	Vascular	accident	
ANTECEDENT CAUSE(S) DUE TO	4.10-1	,		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	I de la	rion		
STATING UNDERLYING CAUSE LAST. DUE TO	/ /			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE	,			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	· · · · · · · · · · · · · · · · · · ·			
TO THE DEATH BUT NOT RELATED TO THE	SS OF OPERATION			20. AUTOPSY?
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDING				YES NO
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING 21b. PLACE (H.	ome, farm, factory, et, office bldg., atc.)	21c. WHERE DID INJURY OCCU	JR? (City or town) (Cour	YES NO
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TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (HOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 2 A. a 22. I hereby certify that I attended the dealive on 19 19 19 19 19 19 19 19 19 19 19 19 19	ome, farm, factory, et, office bidg., atc.) the. INJURY OCCURRED Not while twork ceased from	21f. HOW DID INJURY OCCU 1956, to 4 at 9.A.M, from the ADE	Causes and on the date state RESS (Street, city, Jown, state) LOCATION (City, Town, or county	iast saw the deceased above.

MARYLAND STAYE DEPARTMENT OF HEALTH-BACTON ORE, TO

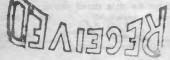
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	4532	CERTIFICA	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY LICITUDE		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If	institytion: Residence before admission) OUNTY
b. CITY OR TOWN (If autside co RURAL and give nearest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits,	
d. NAME OF HOSPITAL TIF por in	hospital, give street o	ddress)	6.57 W Main	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mur	, First	Middle	Dashield 4. DATE OF DEATH	Month Day Year 4 1956
5. SEX. 6. COLOR	R OR RACE 7. MARRI WIDOWE	ED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In long birth long birth	n years IF UNDER 1 YEAR IF UNDER 24 HRS. hday) Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind working life, ev	en if retired)	MONES OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	de		14. MOTHERS MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. (Yes, no. or unknown) (If yes, give w	or or dates of service)	ocial security no. 17.	The Beaman	Address
18. CAUSE OF DEATH [Enter PART 1. DEATH WAS C. IMMEDIAT	ALICED OV. (T) on	e for (o), (b), and (c).]	metros	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate	DUE TO	vere gener	elized arteriorder	ose,
cause (o), stating the <u>underlying</u> couse lost.	DUE TO	eabetes 1.	nelletin	15 yrs
САТІ	CANT CONDITIONS <u>C</u>	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH XAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part 1 or Part II of item	18.)
20c. TIME OF INJURY Month, Hour a. jr. p. m.	Day, Year 20d. IN While at wark	Not while fo	ACE OF INJURY (Hame, farm, 20f. (City or town) ctory, street, office bldg., etc.)	(Caunty) (State)
21. I certify that I atte	nded the decease	d from April	. , , , ,	19,that I last saw the decease
ACTUAL SIGNATURE ACTUAL	leams	Plnay	M.D. Saleshu	
PHYSICIAN'S NAME (Type)			1	
220. BURIAL, CREMATION, 22b. D. REMOVAL (Specify)	ATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY COM SOLISION (CITY,	town, or county) (Stote) Unif Williams mil
23. FUNERAL DIRECTOR'S SIGNATURE	West.	Salesbury	Ad 240. REC'D BY REGISTRAR 24	REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDANG PHYSICIAM: The low requires that the death certificate be executed within 24 hours after death may be retained by the spital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in ony event within 72 hours offer death.

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MARYLAND STATE DEPARTMENT OF HEALTH-EALTHRORE. I B

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an and campletely filled in by the funeral direct	earban papers. Pages I and 2 shavia be filed will after death.
may be retained by the spital ar attending physician. TO FUNERAL DIRECTOR acter this certificate has been signed by the attending physician and campletely filled in by the funeral director.	page 3 should be deloched for use as the burial-transit permit. Then please remove-carban papers. Fages I and 2 should be tilled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.
TO FUNE	the regi

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deg

		30	20	CEICII	1107		והאם			Reg. D	list. No		
1. Pi o.	ACE OF DEATH COUNTY	Wicomico		MARY	LAND	2. USUAL RES	Maryl		ed lived. If institut b. COUNTY		ence befo		ion)
/ b.	RURAL and give i	(If autside carporote lim nearest tawn) Sbury	its, write	c. LENGTH OF STAY 1 week			TOWN (IF CObb I		orote limits, write	RURAL ond	give ne	arest fowr	2.
d.	OR INSTITUTION	ITAL (If not in hospital,		address)		d. STREET							IDENCE FARM?
D	AME OF ECEASED ype or print)	Geo	rge	Alfr	ed	Dear	ost D	4. DATE OF DEATH	Apı		3,		Year 19 56
5. SE	Male	6. COLOR OR RACE White	7. MARR	DIVORCE		8. DATE OF BIR		2	9. AGE (In years law by thdoy) yrs.	Months	R I YEAR	Hours	R 24 HRS. Min.
10a.	USUAL OCCUPATI during most of wo Oyste	ON (Give kind of work rking life, even if retired MAN)	done 10b.	Seafood	R INDUS	TRY 11. SIRTH	AShing	ar foreign o	D. C.	12. C	ITIZEN O		COUNTRY
13. F	ATHER'S NAME	Chomas F. D.	ean			14. MOTHER			McQuade				
15. W (Yes,	VAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of		SOCIAL SECURITY NO Unk.	17. 15	Hospit:	al Rec	ords	Deer's I	lead			spita
1		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (o), (b), and (c).		inomato	sis			~	ให้ทา	ERVAL BE SET AND	TWEEN DEATH
	Canditians, if a gave rise to couse (a), stating lying couse last.	the under-	Ce	. of prost	ate							2 у	rs.
CERTIFICATION		HER SIGNIFICANT CON	DITIONS C							VEN IN PA	RT 1(o)	PERFO	AUTOPSY RMED? NO 🍱
	IF EITHER, NOTIFY	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	200. DESC	CRIBE HOW INJURY O	CCOKKEL). (Enter nature	at injury in	rorf I or Por	rf II of ifem 18.)				
MEDICA	Oc. TIME OF INJU Hour a. p. p. m.	RY Month, Day, Ye	While	Not while at work	20e. PLA foc	CE OF INJURY tary, street, office	(Hame, farm ce bldg., etc	. 20f. (Cit	y or tawn)		(County)		(Stote)
	alive an	April 3, Willow L. V. Maldy	12 lue,	ed from Marc 56 , and that D.	death	occurred at	6:58 Salis	M, frai	3, 1956 m the causes of treet, city or town, Maryland State Ho	and an	the do	ite state	decease ed above TE SIGNE 14/56
_		ON, 226. DATE THEREC	56	22c JAME OF CEMI	TERY OF	CREMATORY		22d. (P.A	TION (City, town,	or county)		M Stote)
23. E	UNERAL DIRECTO			ADDRESS	-7	11	24a. REC'	BY REGIS	TRAR (1246 REGI	STRAR'S SI	GNATU	RE	

HAT OF HEALTH-EALTHMORE, I B	STATE DEPARTM	MARYLAND
ATE OF DEATH	CERTIFICA	
TOTAL TOTAL BOOK TO STATE OF THE PARTY OF TH	g016,718.618	
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State of State of Special State of Stat		
		Element design
Date tree! All the control of the co		
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DECENAL		nu obse viocana namini o

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, FilmGl97 5-18-56 et Items 13,14 FilmGl97 5-22-56 44533

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH 6. COUNTY TITCOMICS MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN RURAY and give negress town)	
I salishury That a day	ge salisburg, Mil.
of NAME OF HOSPITAL (If not inforpital, give street address) OR INSTITUTION Lempsula General Haspital	d. STREET ADDRESS dersen Rd. R.#2 e. IS RESIDENCE ON A FARM? YES \(\sigma \) NO \(\sigma \)
3. NAME OF DECEASED (Type or print) Elizabeth Middle	Douglas 4. DATE Manth Day Year OF DEATH april 20 1956
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	lost Birthdoy) Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR during most of working life, even if retired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yes, no, or unknown] (If yes, give wor or doles of service)	17. INFORMANT Address
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (o), stating the under-lying cause last. (c)	mire C. V. Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CURRED. (Enter nature of injury in Port I ar Part II af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2 2 2 2 2 2 2 2 2	20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased fram. The same of the s	death occurred at 7 1979, from the causes and an the date stated above ADDRESS (Street, city or town, state) M.D. 407 Consultation of the causes and an the date stated above 4-28-56
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMET Semoval (Specify) 5-4-56 Scient	TERY OF CREMATORY MAN CON 22d. LOCATION (City fown, or county) May (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 5-856 Maryll Holloway

Last management

BUREAU V. S.

3561 6 YAM

RECEIVEN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BERRIA, MO Returned Parmer H 2 U JOHN DOWNEY Mas Bessie MERRITT BUREAU V. E 9961 E YAM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HEARD TO STADRITHED

BUREAU V. E.

NE A DE OFFICE

9561 E YAM

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Pages

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MAIST AND STATE DEPARTMENT OF HEALTH-PALITMORE, I

BUREAU V. S.

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 4537

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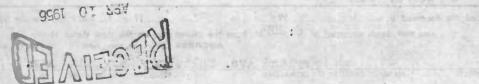
1. PLACE OF DE	АТН			1 2. USUAL PERID	ENCE (HOME) OF D	ECEASED	
							•
COUNTY (If outside a	Wicomico orporete limits, write RURAL	MARYL LENGTH O		STATE Maryl:		Wicom	
OR and give ne	erest town)	(In this p	lece)	OR	proporeta limits, write RURAL a	ind give naerast to	own)
TOWN	Salisbury	app:	2hrs	TOWN Wil:	lards		X
HOSPITAL OR		TEAT STATE		STREET ADDRESS	(If rural giv	ve focation)	1
STREET ADDRESS	Pen. Gen. H	ospital		In '	Village		1.19.00
3. NAME OF	(First)	(Middle)		(Last)	4. DATE (Mos	nth) (Da	y) (Yaar)
(Type or Print)	WILMAR	COVINGTO	N	ENNIS	OF DEATH A	PRIL '	7 th 19 56
5. SEX 6.	COLOR OR 7. SINGI	LE, MARRIED.	8. DATE O	F BIRTH	9. AGE last birthday	I IF UNDER 1 YE	
Male V	RACE WIDO	LE, MARRIED, DWED, DIVORCED, (ify) Widowed		13,1887	68 68 yrs.	Months De	
10a. USUAL OCCUPATI	ON (Give kind of work	10b. KIND OF BUSINES		11. BIRTHPLACE (Steta or f		1 12 C	ITIZEN OF WHAT
10a, USUAL OCCUPATI	of working life, avan if	OR INDUSTRY				, c	OUNTRY?
Laborer-Cart 13. FATHER'S NAME	enter	Carpenter		Willards 1			USA
	ilson Ennis						
				Rachel Ani			
	YER IN U. S. ARMED FORCES		URITY NO.	Miss Bet	ty Ann Ennis (Daughter	r) Willard
Unk	Yas, give wer or dates of service				Maryland		
10e. USUAL OCCUPATION of the desired	ITIONS DIRECTLY LEADING TO	O-DEATH	DICAL CER	TIFICATION /	1		INTERVAL BETWEEN
422,2 IMMEDIA	ATE CAUSE (A)	Coypeste	ue f	least to	ilure		ONSET AND DEATH
422,2 IMMEDIA		Coyeste	ele f	way fo	gilure		
422,2 IMMEDIA ANTECEDE DISPASES OR CONDIT	ATE CAUSE (A) ENT CAUSE(S) DUE TO	Corgeste	ical cer	e healt	gilure disease		
422.2 IMMEDIA	ATE CAUSE (A) ENT CAUSE(S) DUE TO IONS, IF ANY, (B) ABOVE CAUSE CAUSE LAST. DUE TO	Corgeste	ue f	e healt	giluse		
ANTECEDE DISEASES OR CONDIT GIVING RISE TO THE STATING UNDERLYING	ATE CAUSE (A) ENT CAUSE(S) DUE TO IONS, IF ANY, (B) ABOVE CAUSE CAUSE LAST. (C)	Corgeste	ere f	e hourt	giluse discue		
ANTECEDE DISEASES OR CONDITI GIVING RISE TO THE STATING UNDERLYING 11 OTHER SIGNIFICANT TO THE DEATH BUT N	ATE CAUSE (A) ENT CAUSE(S) DUE TO IONS, IF ANY, (B) ABOVE CAUSE CAUSE LAST. (C) CONDITIONS CONTRIBUTING NOT RELATED TO THE	Corgeste	ene f	e hourt	giluse discus		
ANTECEDE DISEASES OR CONDIT GIVING RISE TO THE STATING UNDERLYING TO THE DEATH BUT N DISEASE OR CONDIT	ATE CAUSE (A) ENT CAUSE(S) DUE TO IONS, IF ANY, (B) ABOVE CAUSE CAUSE LAST. (C) CONDITIONS CONTRIBUTING NOT RELATED TO THE ION CAUSING DEATH.	Corgeste	ue forder	e hould	giluse discus		ONSET AND DEATH LINES,
ANTECEDE DISEASES OR CONDITI GIVING RISE TO THE STATING UNDERLYING 11 OTHER SIGNIFICANT TO THE DEATH BUT N	ATE CAUSE (A) ENT CAUSE(S) DUE TO IONS, IF ANY, (B) ABOVE CAUSE CAUSE LAST. (C) CONDITIONS CONTRIBUTING NOT RELATED TO THE ION CAUSING DEATH.	Corgeste	ue forder	e hould	giluse discue		ONSET AND DEATH LYCL 20. AUTOPSY?
ANTECEDE DISEASES OR CONDIT GIVING RISE TO THE STATING UNDERLYING TO THE DEATH BUT N DISEASE OR CONDIT	ATE CAUSE ENT CAUSE(S) DUE TO JONS, IF ANY, ABOVE CAUSE CAUSE LAST. (C) CONDITIONS CONTRIBUTING ON CAUSING DEATH. ON 19b. MAJOR F	SOMEATH CONFIDENCE OF OPERATION	rotu	loant for	CURT (City or town)		20. AUTOPSY? YES \(\) NO \(\)
ANTECEDE DISEASES OR CONDIT GIVING RISE TO THE STATING UNDERLYING TO THE DEATH BUT N DISEASE OR CONDIT	ATE CAUSE ENT CAUSE(S) DUE TO IONS, IF ANY, ABOVE CAUSE CAUSE LAST. CONDITIONS CONTRIBUTING OOT RELATED TO THE ION CAUSING DEATH. ON 19b. MAJOR F UNDERLYING 21b. PLA AUSE OF DEATH OF INJUR	Corgeste	rotu	e focular de la	CUR? (City or town)		ONSET AND DEATH LYCL 20. AUTOPSY?
ANTECEDE DISEASES OR CONDITION TO THE STATING UNDERLYING TO THE SIGNIFICANT TO THE DEATH BUT N DISEASE OR CONDIT 198. DATE OF OPERATION 218. ACCIDENT WAS OR CONTRIBUTING C	ATE CAUSE INT CAUSE(S) IONS, IF ANY, ABOVE CAUSE CAUSE LAST. (C) CONDITIONS CONTRIBUTING ON CAUSING DEATH. ON 19b. MAJOR F UNDERLYING 21b. PLA AUSE OF DEATH CAL EXAMINER)	FINDINGS OF OPERATION ACE (Home, ferm, factor, street, office bidg., etc., etc.) 21e. INJURY OCCU	N 2 JURRED 1	loant for	33 - 37		20. AUTOPSY? YES \(\) NO \(\)
ANTECEDE ANTECEDE DISEASES OR CONDIT GIVING RISE TO THE STATING UNDERLYING 11 OTHER SIGNIFICANT TO THE DEATH BUT N DISEASE OR CONDIT 198. DATE OF OPERATI 219. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	ATE CAUSE ENT CAUSE(S) DUE TO IONS, IF ANY, ABOVE CAUSE CAUSE LAST. CONDITIONS CONTRIBUTING NOT RELATED TO THE ION CAUSING DEATH. ON 19b. MAJOR F UNDERLYING 21b. PLA AUSE OF DEATH CAL EXAMINER) (Month) (Dey) (Yeer) (Hoi	FINDINGS OF OPERATION ACE (Home, ferm, factor, street, office bidg., etc., while No., No., No., No., No., No., No., No.,	rotue	LOCAL TO A MARKET DID INJURY OC	33 - 37		20. AUTOPSY? YES \(\) NO \(\)
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ANTECEDE DISEASES OR CONDIT GIVING RISE TO THE STATING UNDERLYING 11 OTHER SIGNIFICANT TO THE DEATH BUT N DISEASE OR CONDIT 19a, DATE OF OPERATI 21a. ACCIDENT WAS OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI 21d. TIME OF INJURY	ATE CAUSE INT CAUSE(S) IONS, IF ANY, ABOVE CAUSE CAUSE LAST. CONDITIONS CONTRIBUTING ON 19b. MAJOR F UNDERLYING 21b. PLA AUSE OF DEATH CAL EXAMINER) (Month) (Dey) (Yeer) (Ho	FINDINGS OF OPERATION ACE (Home, ferm, factor ACE (Home, ferm, factor	N 2 JURRED Work 2	e focular Pic. WHERE DID INJURY OC 21f. HOW DID INJURY OC	CUR?	(County)	20. AUTOPSY? YES NO Stele)
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MALINIE .

CERTIFICATE OF DEATH

MARYLAND STATE DIPARTMENT OF HEALTH-BARYLANDES SE

BUREAU V. E.



VS A15 (4) 15M 9/55 0

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		STATE DEPARTM	ENT OF HEALTH	I—BALTIMORE, 1	04538
	4538	CERTIFICA	ATE OF DEATH		Reg. Dist. No. 332
	PLACE OF DEATH . COUNTY WICOMOCO	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY	Residence before admission)
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	otside corporate limits, write RU	RAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Pennisula Gen. Hosp.	address)	d. STREET ADDRESS	PFQ.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED Type or print) Joseph Fos	Middle	Last	4. DATE Month OF DEATH 4	Doy Yeor 1 19 56
5. 5	Male 6. COLOR OR RACE 7. MARI		3/34/188	9. AGE (In years lost birthday) 7.3 yrs.	Months Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b. during most of warking life, even if retired)	Grow Clean	111	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME Fisker	1	MOTHER'S MAIDEN N	Junter .	
15.	DECEASED EVER IN U. S. ARMED FORCES? 16, or unknown) (If yes, give wor or date, or service)	SOCIAL SECURITY NO. 17	NFORMANT Shace	armstr	ony Chedy la
	1B. CAUSE OF DEATH (Enter only one couse par li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (o), (b), and (c).]	a T. Const	Reline.	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) (b)	udial T	reluce!		
	gove rise to immediate couse (a), stating the under-lying cause lost.				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	IN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Port I or Port II af item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. I Haur a. m. 19 While of wor	Not while fac	ACE OF INJURY (Hame, form ctary, street, office bldg., etc.	. 20f. (City or town)	(County) (Stote)
	21. I certify that I attended the decease alive on 19	ed from 3/3/56	, 19, to	/ /	that I last saw the deceased
	ACTUAL SIGNATURE A CASSILIO	Heave		ADDRESS (Street, city or town, s	
	PHYSICIAN'S DARRIF	I, HEA	LRN	18	destusque
220	PRINCIPAL CREMATION, 22b. DATE THEREOF BY 14/56	22c. NAME OF CEMETERY O	R CREMATORY	22d. OCANON (City, town, or	r county) nd (Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE /	Lellegull.	Sel. 240. REC'S	BY REGISTRAR 246. REGIST -9-56 Ma	TRAR'S SIGNATURE
		1			7

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this ours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

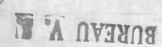
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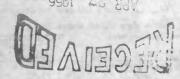
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22. I hereby certify that I attended the deceased from 2 19 19 19 19 19 19 19 19 19 19 19 19 19	st saw the decease
alive on 200, 195, and that death occurred at 12 M, from the causes and on the date stated	
SIGNATURE ADDRESS (Street, city, town, state)	DATE SIGNE
M.O. 6 PW man - Solishum no	216/25
23. BUBIAN CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Joyn for county)	(State)
A Mind Mul 24/1 Mienolo bil Jun 194/11.	mil
24. REC'D BY REGISTRAR PREGISTRAR'S SIGNATURE 25. TUNERAL DIRECTOR'S SIGNATURE AD	RESS
4-24-51 Maril Hellows 1 /10118 X	Name

CERTIFICATE OF DEATH





After

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72 hour

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04541

CERTIFICATE OF DEATH Reg. Dist. No. Dr. Mattox 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Wicomico Maryland Wicomico COUNTY MARYLAND STATE COUNTY (Il outside corporete limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) end give neerest town) (in this place) TOWN Salisbury TOWN Salisbury HOSPITAL OR STREET (Il rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESS Pemberton Drive (R.D. Pemberton Drive (R.D. (Middle) 3. NAME OF (Lest) 4. DATE (Month) (Yeer) DECEASED JOHN WESLEY HARRINGTON (Type or Print) DEATH April 12 th, 66 5. SEX COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Months Devs Hours | Min. Male (Specify) Married Sept. 20 - 187YIS. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even If OR INDUSTRY COUNTRY? retired Retired Farmer on Farm Bivalve, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Harrington Sallie Moore 17. INFORMANT & ADDRESS Mrs. Janie Harrington (Wife) R.D.# 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk,) (If Yes, give wer or detes of service) Pemberton Drive- Salisbury, Maryland
ON ONSET AND DEATH
ONSET AND DEATH Unk 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 45 21e. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Home, farm, fectory 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work et work 22. I hereby certify that I attended the deceased from anna, 19 Je, to Market, 19 Je, that I last saw the deceased and that death occurred a 6:00PM, from the causes and on the date stated above SIGNATURE ADDRESS (Street, city, town, stete) M.D. Camden Ave. Salisbury, Maryland 1956 Dr Harry Mattox-23. BURIAL, CREMATION. DATE THEREO! NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stete) REMOVAL (SPECIFY) Burial Apr. 15,1956 Parsons Cemetery

Salisbury.

25. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY Maryland

SALISBURY MARYLAND

certificate assembly shou

REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

Rolla way,

CERTIFICATE OF DEATH

BUREAU V. S.

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VS A1S (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4539

CERTIFICATE OF DEATH

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L-		Reg. D	157. 140.					
ī	. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	nce before admission)					
	INICOMICO MARYLAND	O. STATE MARULAND B. COUNTY W	ORCESTER					
Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)					
	SALISBURY 13 DAYS.	BERLIN	23X-2					
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE					
L	PENINSULA GENERAL HOSPITA	R.R. 2	YES NO					
3	NAME OF DECEASED (Type or print) (HARLES ELTER)	Lost 4. DATE Month OF DEATH APRIL	Day Year					
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDE	2 8 19 S C R 1 YEAR IF UNDER 24 HRS.					
	MALE WHITE WIDOWED DIVORCED	JAN 22 1590 last birthday) Months	Days Hours Min.					
ī	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State or foreign country) R FD 12. CI	TIZEN OF WHAT COUNTRY					
	during most of working life, even if retired) FREMER OWN FARM	BERLIN MD	U.5.17					
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	HENRY HASTINGS	MINNIE SMITH	æ					
	Yes no ne unknown) . Iff was nive une or dates of services	INFORMANT Address	2 64					
Г		MISS. ETTA HASTINGS L	DERLINI'II					
F	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN					
ı	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ONSET AND DEATH					
ı	15 7X DUE TO							
ı	Conditions if any which)	D Denseles	6 man 1-					
ı	gove rise to immediate DUE TO	9	31105					
ı	lying couse lost.							
1		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL A, S. C. V. D. SECRIBE HOW INJURY OCCURR 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED? YES NO NO					
1	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	RED. (Enter noture of injury in Port 1 or Port 11 of item 18.)						
100	20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH I [IF EITHER, NOTIFY MEDICAL EXAMINER]							
		PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)					
1	10	actory, street, office bldg., etc.)						
I.		10.5% to 4 - 28 105 6 that 1						
ı	21. I certify that I attended the deceased from 11-13	, 19.00, 10, 19.00, mar 1	last saw the deceased					
ı	alive an 7 2 , and that deal	th accurred at 12 L, AM, from the causes and an						
ı	ACTUAL Of On Bell	ADDRESS (Street, city or town, stote)	DATE SIGNED					
1	SIGNATURE Jam III. Oscopem III	M.D. 3 ausury	4-48-193					
	PHYSICIAN'S JOHN M-BLOKUM TH	E SALISBURY MAR	YLAND					
7	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)					
1	REMOVAL (Specify) 4 4/30/56 EXEZ	GREEN BEALIN	MD					
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	GNATURE 1					
1	Anna A. Burbers	DATE 5-1-56 Mary 11	1. Hollomay					

BUREAU V. S. E YAM 9961

BOHREL WEIGHT ATT HOTEL BEING MICH.

Dr. Burton 1. PLACE OF DEATH

4540	CERTIFICA	ATE OF DEATH	4		Reg. Dis		543 334
Wicomico	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryl		d lived. If institution b. COUNTY	on: Residenc		mission)
	OTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond g	ive nearest 1	own)
Salisbury		Salis	bury	(Fruitl	and -	Rural) x
(If not in hospital, give street oddress)		d. STREET ADDRESS					RESIDENCE
Pen. Gen. Hospit.	al	Clyde	Ave.	R. D. #	2		N A FARM?
AGNES	Middle KING	HERD .	4. DATE OF DEATH	Mon		Doy 30 t	Year h ₁₉ 56
COLOR OR RACE 7. MARRIED 1	DIVORCED D	B. DATE OF BIRTH August 29,18	83	9. AGE (In years last birthday) 72 yrs.		YEAR IF U	NDER 24 HRS. Min.
(Give kind of work done 10b. KIND OI	BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITI	ZEN OF WI	HAT COUNTRY
House Work		Dumbarton, Scotland USA					
	6.414-50	14. MOTHER'S MAIDEN I	NAME				
Robertson	Elizabeth Ewing						

b. CITY OR TOWN (If or RURAL and give neare d. NAME OF HOSPITAL OR INSTITUTION NAME OF DECEASED (Type or print) 5. SEX Female 10a. USUAL OCCUPATION during most of working House Work 13. FATHER'S NAME Andrew 15. WAS DECEASED EVER IN (Yes, no, or unknown) No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN QNSET AND DEATH DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a. fi. While Not while 19 of work of work p. m. 21. I certify that I attended the deceased from that I last saw the deceased alive an and that death from the causes and an the date stated above. occurred at ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Maryland 956 PHYSICIAN'S 0.J. Salisbury. Burton NAME (Type) Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Lendenwood Cemetery Fort Wayne, Indiana 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 24a._REC'D BY REGISTRAR HOLLOWAY & SALISBURY MARYLAND COMPANY DATE

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ATTEN CERTIFICATE OF DEATH BRECEINE position of the company of the second of the control of the contro

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4541 CERTIFICATE OF DEATH

2	COUNTY Wicomico		2. USUAL RESIDEN	CE (HOME) OF DECEASE	0
2		MARYLAND	STATE Marylar		comico
	CITY (If outside corporete limits, write RURAL OR and give neerest town) TOWN Salisbury	LENGTH OF STAY (in this place)	CITY (If outside corpor OR TOWN Salist	ote limits, write RURAL end give nee	rest town)
4	HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospit	al	STREET ADDRESS 620 II	(If rurel give location) Church St.	
	DECEASED	Middle) BERT	(Lest)	4. DATE (Month) OF DEATH April	(Dey) (Yeer 3 rd 19
1	5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV. (Specify) Mar	ried May 10	F BIRTH 9	72 yrs. IF UNDER	Days Hours
1	done during most of working life, even if OR relired Retired Night Watchman-	INDUSTRY	11. BIRTHPLACE (State or foreign Szer Somerset	Co. Maryland	COUNTRY?
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	-11-1-1
	George Washington Hill 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16.	SOCIAL SECURITY NO.	Mary E. Ma		
	(Yes, no, or unk.) (If Yes, give wer or detes of service) 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	Sal	T. Hill (Wife) 63 isbury, Maryland	INTERVAL BETWONSET AND DE
		MATOL /A	rombar	42	39 1500
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)				
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
		OF OPERATION			20. AUTOPSY
-	196. DATE OF OPERATION 196. MAJOR FINDINGS				1 152 1 1 NO
-	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	, ferm, fectory, 2 ffice bldg., etc.)	1c. WHERE DID INJURY OCCUR	? (City or town) (Cour	YES NO (Stete)
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED :	16. WHERE DID INJURY OCCUR		1

ST JEOMITEAS-WELANISO THE WELL STATE CHALYEAR

SELL CERTIFICATE OF DEATH

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BUREAU V. S.



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.	/	strips of the st	Park of cohesta Code viles 1, CV
APR 25 1956	Print Ta		STORIES OF CHARGE
BAISOSM.			

(Year)

IF UNDER 24 HRS

Hours

20. AUTOPSY?

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(State)

DATE SIGNED

(State)

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MARYLAND STATE OF PARTMENT OF HEALTH-BALTIMORS, IS.

CERTIFICATE OF DEATH

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BUREAU K. E.

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DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4544 CERTIFICATE OF DEATH

04547

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY WICOM ! MARULAND COUNTY XYICOMICO MARYLAND (Il outside corporate limits, write RURAL end give naarest town) (If outside corporete limits, write RURAL LENGTH OF STAY and give nearest town) (in this place) 9. iDavsme TOWN TOWN RSTERVILLE HOSPITAL OR STREET (If rurel give location) INSTITUTION OR ADDRESS STREET ADDRESS PONINSU GENERAL (Dey) (First) (Middle) (Last) 4. DATE (Month) 3. NAME OF (Year) DECEASED (Type or Print) DEATH NRS NNIS SEX COLOR OR SINGLE, MARRIED 8. DATE OF BIRTH AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED. RACE Months Deys (Spacify) Married 101 9-15-1894 yrs. 24 GRE 10b. KIND OF BUSINESS OR INDUSTRY 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foraign country) 12. CITIZEN OF WHAT dona during most of working life, aven if COUNTRY? Farmer Farm Jesterville Maryland Own 13. FATHER'S NAME Mary Turner Noah Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (Yes, po, or unk.) (If Yes, give wer or detas of sarvica) Mary Anna Turner, Jesterville CXXXXXXXXX INTERVAL BETWEEN ONSET AND DEATH 18. MEDICAL Md. I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. pe 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21c. WHERE DID INJURY OCCUR? (City or town) 21b. PLACE (Home, ferm, fectory, (County) (State) OF INJURY streat, office bldg., etc.) 21d. TIME OF INJURY (Month) (Dev) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Not while_ et work 22. I hereby certify that I attended the deceased from MARCh 35, 19.56..., to ADRIL 9...., 19.56..., that I last saw the deceased alive on HARIL 9 and that death occurred at 4.30 P.M. from the causes and on the date stated above. SIGNATURE 10 M ADDRESS. (Streat, city, town, state) death BURHAL, CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Staté) REMOVAL (SPECIFY) Jesterville Cemetery Jestervill Burial 24. REC'D BY REGISTRAR OR'S SIGNATURE

HTATO TO STADISTIED THE

13 1820 W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S. 1956
APR 19 1956

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24. The bottom copy may be retained by the hospital or aftending physician. INSTRUCTIONS

VS A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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04549

2020 CER	TIFICATE	OF DEA	Reg. Dis	No. 332
Item 2.FilmG195 4-16-56 et		La ugual proince	ICE (HOME) OF DECEASE	
		100		
county Wicomico	MARYLAND	STATE Maryla		icomico
CITY (If outside corporete limits, write RURAL OR and give neerest town)	(in this plece)	OR	rete limits, write RURAL end give ne	erest town)
/ Town Salisbury, Maryland	5 mo. 2 days		ury, Maryland	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State	Hospital	ADDRESS (Residence Deer)	dent employees (selion) s Head State Hos	pital
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) Charles Be	ear Lint	hicum	DEATH April	1 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRI	ED, 8. DATE C	OF BIRTH		R 1 YEAR IF UNDER 24 HRS.
5. SEX 6. COLOR OR 7. SINGLE, MARRI WIDOWED, DIV MALE (Specify) Si	ngle Feb	. 21, 1889	67 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS	11. BIRTHPLACE (State or forei	gn country) 1	2. CITIZEN OF WHAT
done during most of working life, even if retired) unk	industry	Weshington	D C	COUNTRY? USA
13. FATHER'S NAME	una	Washington,		USA
Charles Boyer Linth	i oum	Flon	o Compline Marrow	
	. SOCIAL SECURITY NO.	17. INFORMANT & A	a Caroline Moyer ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	unk	Ueen	ital Dagamia	
CITA	18. MEDICAL CER		ital Records	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	eneraline	d Carcino	m atoris	6 mas
ANTECEDENT CAUSE(S) DUE TO	1101	1:	, 1	1 110
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	a of ausce	naine (oron.	1 000
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			YES NO Z
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	office bldg., etc.)	21c. WHERE DID INJURY OCCU		nty) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. Whill M. at w.	le Mot while M	21f. HOW DID INJURY OCCU	R7	
22. I hereby certify that I attended the decea	ased from / C - 2	1 19.55 to 35	1 1056 that 1	last saw the deceased
alive on 3				
SIGNATURE			RESS (Street, city, town, stete)	DATE SIGNED
There my	M.D.		y, Maryland	4/1/56
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR		LOCATION (City, town, or count	2.0
Cremation 4-3-56	Cedar Hil	1 Crematory	Prince Geor	ges Marylar
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE 4-3-56 Manually Not	No.	25. FUNERAL DIRECTOR'S	SIGNATURE Beth	ADDRESS Maryla
The following the	amus	1011.	angun when	140100

MARYERSO STATE OFFICE OF PARTHERS IN

GERTINGATE OF DEATH

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BUREAU V. S.

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22 Printed Street, Street, or the second of the Street, and th

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 4547

045511

Reg. Dist. No.

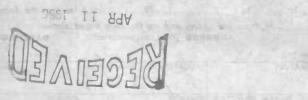
1. PLACE OF DEATH WOOM ON	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Termoula Jeneral MARYLAND	STATE Solution COUNTY SUSSEY
CITY (If outside cosporate limits, write RURAL LENGTH OF STAY OR and give negrest town) (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
TOWN (In this place)	TOWN Solkerwill A) ola R70 H
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS 46 A-3
Communica Ventral	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) OFLANDO B	VNC/T DEATH april 8 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
m 711 (Spacify) marked 1) ca 3	3 /867 Syrs. Months Days Hours Min.
106. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY.	COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
13. PATHER'S NAME	14. MOTHER 3 MAIDEN NAME
David Kurren.	Wester Barker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yas, no, or unk.) (If Yes, give wer or datas of service)	- Nottie Lynch delhyville Oda PFDH;
	TIFICATION INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
do4. O IMMEDIATE CAUSE (A) Jumple	Mc Clusemia & minter
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (8)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(c) Review	Postatic History out
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	t- d/2. 01/
DISEASE OR CONDITION CAUSING DEATH. Charles Clery	the Heart Western 1.47
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20/AUTOPSY?
	YES NO A
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY streat, office bidg., atc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. et work at work	1400
22. I hereby certify that attended the deceased from	3, 193 Co., to April 0, 19 O Athat I last saw the deceased
alive on 19.5. and that death occurred at	10.20 M. from the causes and on the date stated above.
SIGNATURE-	ADDRESS (Street, city, town, stata) DATE SIGNED
Mainel Telmon M.D.	Aslesken to & Gamil 8 190
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	GREMATORY LOCATION (Gity, town, or county) / (State)
REMOVAL (SPECIFY)- 7 01, 1, 1/10 P	DI DI
asural con 10.1700 Motoma	V sopana Nela
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATER 11 1950 / Mary M. Holloway	Walson & Broutron black Wa
	The state of the s

BY SEPOMPTARE HEALTH OF HEALTH OR NEATTH ON A SYSAIS

HEART CERTIFICATE OF DEATH

No. Obs. No. - F.

BUREAU V. S.



executed within

SICIAN OR HOSPITAL: The law requires that the death certificate be

The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING PHY

INSTRUCTIONS

CERTIFICATE OF DEATH 4565

	4565 CERTIFICATE	Reg. Dist. No
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	CVI!	THE STATE OF BECEASED
Н	COUNTY / COUNTY / MARYLAND	STATE MEMORITY (CCC)
	CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR and dive nearest town)	CITY (If outside Corporate limits, write RURAL end give neerest town) OR
X	TOWN Mardela 8 mis	TOWN ACCOMACE 83X
	HOSPITAL'OR PROPERTY OF THE PR	STREET (if rurel give location) ADDRESS
0	STREET ADDRESS COLOR Strale Convalled	ADDILIG
	3. NAME OF (// (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Y.
	(Type or Print) CHARLES CUSTIS	MASON OF DEATH Of 18 19
	SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	
4	March to Widowed, DIVORCED, 1 9/1	Months Deys Hours
1	Hora topic filadoros	11. BIRTHPLACE (State of toreign country) 12. CITIZEN OF W
1	done during most of working life, even if	COUNTRY?
	tarred tarre	unprouve 43
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	dishowing	Unproun.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	77. INFORMANT & ADDRESS
0	(Yes, go, or unk.) (If Yes, give wer or detes of service)	Armar Manna - accom
	18. MEDICAL CER	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND
	immediate cause (A) Ity Pallace	Munimia 3 Em
	ANTECEDENT CAUSE(S) DUE TO BUT	7000 12.
	DISEASES OR CONDITIONS, IF ANY, (8)	yello.
	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)	about 10/1
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	in courses appear
=	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTO
0		YES N
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Sta
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
	While Not while	ZIF, HOW DID INJUKT OCCUR?
	M. et work et work	7 111 2 -7
1	22. I hereby certify that attended the deceased from	195 Le., to
	alive on J. J. S. J. V. G., 19 and that death occurred at	
10M	SIGNATURE	ADDRESS (Street, city, town, stete) DATE S
25	J.J. Wyfuau M.D.	Shuplom and the
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)
A15C 1-	REMOVAL (SPECIFY)	Locality, lowin, of country

TO CHRISTATE OF DEATH

BUREAU V. S.

YPR 23 1956

Burnal App. 20 St Edge hill Graties Housemer VA.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. E.

9961 40 ddV



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IS RESIDENCE ON A FARM? YES NO Month Day Year 195 IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years lost birthdoy) Months Doys Hours Min. yrs. 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) 19 6 that I last sow the deceased M, from the causes and on the date stated above. ADDRESS (Street_city or town_stote) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) 24b REGISTRAR'S SIGNATURE

Rea. Dist. No

BUREAU V.

9561 01 A9A

04554

CERTIFICA	ATE OF DEATH	1	Reg. Dist. N	lo.
	2. USUAL RESIDENCE (WH	nere deceased lived. If inst	titution: Residence be	fare admission)
MARYLAND	o. STATE MANULA	N) b. COU	NTY (Unaces	ter
c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside carporate limits, wr	ite RURAL and give r	iearest tawn)
2/2 40.	Stock	ton		23 x -2
ddress)	d. STREET ADDRESS			e. IS RESIDENCE
/NC,	RU	IRAL		YES NO
Middle	Lost	4. DATE	Month	Doy Year
I homas V	TRADEE	DEATH C	jul 1	2 1956
DE NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In fe	Pars IF UNDER 1 YEAR	AR IF UNDER 24 HRS.
DIVORCED	JAN. 24-1		yrs. Months Days	Hours Min.
IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
(NWN)	MARY	LAND	1215	A.
	14. MOTHER'S MAIDEN N	NAME		
HDEE	MARYE	LLEN JO	NES	
OCIAL SECURITY NO. 17. II	NFORMANT	Balling Brow	Address	
- E	TPARA	DEE (S	STOCK	TON, ME
Graly 70	scular.	renal (Year	
ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part I ar Part II of item 18.)	
	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.		(Count	y) (Stale)
from 6/10	accurred at 8.100		es and an the d	saw the deceased late stated above.
araly/	MD Jale	Lun	ned	4-13-5
X				
22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, tox	wn, or county)	(Stote)
GOODWILL A	1.E. CEMETER	Y. POCON	10KF	MD
ADDRESS		D BY REGISTRAR 246 R	EGISTRAR'S SIGNAT	URE
- ()	3	Uhhi//	11/11/	111

VS A15 (4) 15M 9/55

220. BURIAL, CREMATION,

REMOVAL (Specify)

22b. DATE THEREOF

within 24 hours after

1 1			
S contraction of	Marylana		License
	Steckton	12/2 50	SHISBUTH
		CUM / HOL.	Seeker hill Samin
	113 1 53 OH'S	R. matt	<i>""</i>
BUREAU V. E.		01/2	Transaction of the self-section of the
BUREALI V. C. 1956 APPENDING	er en in 1901 (en ten te engenera	Sley	A CANCE TO SHOW A CONTROL OF THE CON

to

4559 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECE	ASED
COUNTY Wicomico	MARYLAND	STATE Marylan	nd county S	t. Mary's
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		rete limits, write RURAL end giv	ve neerest town)
OR end give neerest town) 12 TOWN Salisbury	(in this plece) 5 months	TOWN Pine	Point	184.0
HOSPITAL OR) mondis	STREET	(If rurel give loca	etion)
9/ STREET ADDRESS Deer's Head State H	lospital	ADDRESS		V.
	ddle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) Bertha B.		Poe	DEATH Apr.	17 *
S. SEX 6. COLOR OR 7 SINGLE, MARRIED RACE	8. DATE O	F BIRTH	P. AGE lest birthdey IF (JNDER 1 YEAR IF UNDER 24 HRS
Female White	July	23, 1888	67 yrs. Mos	arns Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INI	OF BUSINESS DUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT
retired) ?	?	St. George	s Island	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
Charles F. Poe		Eugenia	Middleton	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO.	17. INFORMANT & A		
(Yes, no, or unk.) It is enjve war or deles of service)	None	Hospita	l Records	
	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	eralized Care	ninomatosis		ONSET AND DEATH
IMMEDIATE CAUSE (A)	srailzeu oar	CTHOWG COSTS		•
ANTECEDENT CAUSE(S) DUE TO	of breast			13 yrs.
GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
EL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 196. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?
Of ACCIDENT WAS INDEDIVING EL 1 215 DIACE (Harry	(TIC. WHERE DID INJURY OCCUP	13 (City on town)	(County) (State)
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, f OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, offic (IF EITHER, NOTIFY MEDICAL EXAMINER)	e bldg., etc.)	-	(City of lowin)	(County) (Siele)
	JURY OCCURRED Not while	21f. HOW DID INJURY OCCUP	17	
M. et work		-		
22. I hereby certify that I attended the decease	d from Nov. 3	, 19.55 , to Ap	r. 3 , 19 56 , 1	hat I last saw the deceased
alive on Apr. 13	at death occurred at			
SIGNATURE / / /	L.V.Maldv	0,11.00.	RESS (Street, city, town, ste	
XI miles	M.D. De	er's Head Hosp		
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City town, or	county) (Stete)
13Urial 17/6/36	redar	11/1	DU11/240	Md,
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	100	25. JUNERAL DIRECTOR'S	1	ADDRESS CT CT
DATE R 5 1956 // Gry 1 91	elleway.	New 16NOI	n Ders lo	311-11-3/36
	17			Wash

MARYLAND STATE DIPARTMENT OF MEALTH-SALVINORE, 18

CERTIFICATE OF DEATH

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Carl and township of Science Lab writing a Count Link

ROBEVO N. Z.

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BECEINED

VS A15 (4) 15M 9/55 13

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4551 CERTIFICATE OF DEATH

04556

			Reg. Dist. No.
1. PLACE OF DEATH D. COUNTY	ATATE	NCE (Where deceased lived. If institution	on: Residence before admission)
WICONICO	MARYLAND	JARULAND COUNTY	Wicomica
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16 C. CITY OR TO	WN (If outside corporate limits, write R	URAL and give nearest town)
SALISBURY S	DAYS DE	LMAR	×
d. NAME OF HOSPITAL (If not in haspital, give street addre	d. STREET ADD	RESS	e. IS RESIDENCE ON A FARM?
TENINSULA (JENERAL)	tOSPITAL 401	ELIZABETH	ST YES NO P
3. NAME OF First DECEASED	Middle Last	4. DATE Mon	th Day Yeor
(Type or print) ARCHIE	Poulson	1 DEATH DOG 1	17 1952
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years last burthday)	Months Days Hours Min
MALE WHITE WIDOWED		1800 13 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY BIRTHDAC	E(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Markenest Ka	Moral YM	rolne	150
13. FATHER'S NAME	14. MOTHER'S M	AIDEN NAME	
Grashes Jouls	m Ull	In Dowola	a last
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI. (Yes. np: or unknown) (If yes, give wor or dates of service)	AL SECURITY NO. 17. INFORMANT	1 0 / Add	ress
90 - 1/6-	03-1401 Denne	de Tokuls	~ Lelmy
18. CAUSE OF DEATH [Enter only one couse per line for	(o) (b) and (c).)		INTERVAL BETWEEN OUSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	aremed		2 m/s
604X DUE TO O	and will Blo	11.11-1	1 1-
Conditions, if ony, which) (b)	carculated Ma	aller /Lyon	0 6-12 m
gove rise to immediate outse (o), stating the under-			
lying couse lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO TH	TE TERMINAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
I C			YES NO 2
○ OR CONTRIBUTING	HOW INJURY OCCURRED. (Enter noture of in	ijury in Port 1 or Port 11 of item 18.)	
	100		
Hour p. m. White	Y OCCURRED 20e. PLACE OF INJURY (How foctory, street, office by		(County) (State)
p. m. 19 of work	of work		
21. I certify that I ottended the deceased fi	rom 41/2, 1956,	to Till, 1951	Sthot I last saw the deceased
alive on 11/1/2 1956	, and that death accurred at_4	22 PM, from the couses of	and on the date stated above.
0/1/1/2011	2 M.1	ADDRESS (Street, city or town,	stotel DATE SIGNED
ACTUAL SIGNATURE AND SULLE	M.D. //KAL	Ell Chases (40	Uslay 4114-50
PHYSICIAN'S			mill
NAME (Type)_			ν υ
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c	MAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, o	or county) (State)
Dun 4-20-58 1	110 oure	fleemer,	feele
22-FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 24	4a. REC'D BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE
1. s mand on t	Celma Neigo	ATE 009 2 105 / No	ruft Hellowarps

BUREAU V. S. 9961 88 44V where the call it is ear named in the part of control company INSTRUCTIONS

ath. After this copy of this

after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4552 CERTIFICATE OF DEATH

04557

Reg. Dist. No. 3

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEA	SED
COUNTY Wicomico	MARYLAND	STATE Delawa	re county Sus	sex
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (II outside cor	porete limits, writa RURAL and giva	neerast town)
OR end give naerast town) TOWN Salisbury	(in this plece) 1 day	TOWN	Laurel	46x3
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(Il rurel give locati	ion)
STREET ADDRESS Peninsula General H	ospital	ADDRESS	6th Street	√
3. NAME OF (First) (A	Aiddle)	(Lest)	4. DATE (Month)	(Day) (Yaar)
(Type or Print) Arthur V	. Regist	er, SR.	DEATH April	5 1966
5. SEX 6. COLOR OR 7. SINGLE, MARRIE	D, 8. DATE		9. AGE lest birthdey IF UN	DER 1 YEAR IF UNDER 24 HRS.
Male White (Spacify) marr	ried Sent.	11, 1889	66 yrs. Month	hs Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, KINE	OF BUSINESS	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT
	ndustry ad company	Maryland		COUNTRY?
13. FATHER'S NAME	ad company	14. MOTHER'S MAIDEN	I NAMF	OLA1
Samuel Register 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT &	Harris	
(Yes, no, or unk.) (If Yes, give wer or datas of service)	SOCIAL SECURITY NO.			
no	none		I. Register, Lau	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION	10	ONSET AND DEATH
11201	long. To	in Com	holing	4 Haur
IMMEDIATE CAUSE (A)	-t-	ac em	20 cus	100
DISEASES OR CONDITIONS, IF ANY, (B)	Tracas	dine 14	romboses	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			THE HELL WITH THE	
(C)			1 6	
TO THE DEATH BUT NOT RELATED TO THE		d. d/	7 611.	
DISEASE OR CONDITION CAUSING DEATH	us Cly	wic He	my pue	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS C	OF OPERATION			20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, lactory, fica bldg., atc.)	21c. WHERE DID INJURY OCC	UR? (City or town)	County) (Stata)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e.	NJURY OCCURRED	211. HOW DID INJURY OCC	UR?	
M. at wo		1 11	~ ~ ·	THE RESERVE OF
22. I hereby tertify that I attended the decease	ed trad be - 14	L 19.06, 10 Cly	1956, the	at I last saw the deceased
(12 15 11)	// /	24000 //	causes and on the date s	
SIGNATURE / 7/	mai degin occurred a		RESS (Straat city, town, state)	
X ared talemen	M.D. 9	Anlesto	en the C	Chris 5 195
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF	NAME OF CEMETERY OF		LOCATION (City, fewn, or co	unity) (Sfata)
Burial April 8, 1956	Laurel Hill		Laurel	Delaware
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	10	5 FUNERAL DIRECTOR	SIGNATURE	ADDRESS / m/

BECEINED

9561 OI 99A

BUREAU V. S.

ABET CERTIFICATE OF DEATH

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NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

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VS A15C 1-55 10M =

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4553 CERTIFICATE OF DEATH

04558

Reg. Dist. No. 332

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY WICOMICO MARYLAND		STATE Maryland county Prince George's		
	LENGTH OF STAY		e limits, writa RURAL and give naare	
OR and give neerest town) TOWN Salisbury	(in this place)	or TOWN Greenb	elt.	16 23.5
HOSPITAL OR	4 yrs.	STREET	(If rural giva location)	7.00
STREET ADDRESS Deer's Head State H	ADDRESS 6 A Cr	rescent Road		
3. NAME OF (First) (Mid		(Last)	0.5	(Day) (Year)
(Type or Print) Bert		hadle	DEATH April	3 19 56
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVOR	CED. 8. DATE OF	BIRTH 9.	A GE last birthday IF UNDER 1	
	owed Feb.	26, 1884	72 yrs. Months	Days Hours Min.
10a, USUAL OCCUPATION (Giva kind of work 10b, KIND C	OF BUSINESS 11	. BIRTHPLACE (Stata or foraign	country) 12,	CITIZEN OF WHAT
dona during most of working lifa, evan if retirad) Salesman OR INDUSTRY Insurance		Pennsylvania USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
William J. Shadle				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS				
(Yes, no, or unk.) (If Yes, give wer or dates of service) Hospital Records			Records	
18. MEDICAL CERTIFICATION INTERVAL BETWEEN				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH
420.0 IMMEDIATE CAUSE (A) Cardiae montprisency				3 mozi
ANTECEDENT CAUSE(S) DUE TO CONTEST OF THE TOTAL TO THE TOTAL TO THE TOTAL TOTA				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				
STATING UNDERLYING CAUSE LAST. DUE TO arterio relevous Gen.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	a level	of Chrent	vou.	3 gm,
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?
OI ACCIDENT MAS UNIDERLYING FOR A CHILDREN IN		LUMBER BUR BUR BUR BUR BUR BUR BUR BUR BUR BU		YES NO X
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING 2000 CAUSE OF DEATH OF INJURY Streat, offica bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) (County) (State)				
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while				
M. at work -				
22. I hereby certify that I attended the deceased from Nov. 1 , 1951 , to Apr. 3 , 19.56 , that I last saw the deceased				
alive on Apr. 2, 19.56 and that death occurred at 1:35A.M, from the causes and on the date stated above.				
R.J.Gore.M.D. Deer's Read State Hospital				
1 yeare (m)	M.D.	Salisb	ury, Maryland LOCATION (City, town, or county)	4/3/56
REMOVAL (SPECIFY)	NAME OF CEMETERY OR CE			(Stata)
	t. Lincoln		Prince George	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	11	25. FUNERAL DIRECTOR'S SIG	SNATURE A	DDRESS
DATE 4-9-36 Mary W. Holloway of H. thines G. washington De				
				-

DECENTED

9591 01 APA

BUREAU V. S.

STATISTICATE OF DEATH

Supplement of 9 1

DAYRACIN STATE OF STREET

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E. I. von _ Landy Committee of the file of

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death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		or our profession of the second
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117 0 1510 110		

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4555 CERTIFICATE OF DEATH

4000 CERTIFICATI	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY \ \ \(\(\) a \ \(\) \(\) a \ \(\) \(\) A \(\) \(\) A \(\) \(\	STATE DELAWFARE, COUNTY SUSSEX.
COUNTY COMMARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY)	CITY (II outside corporete limits, write RURAL and give nearest town)
OR end give neerest town) (in this pfece)	TOWN Selbuville
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR STREET ADDRESS PENINSULA GENERAL HUSDITAL	ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Yaer)
(Type or Print) Wood Row S	STURGIE DEATH AMRIL 13 1956
5. SEX 6. COLOR OR 7. SINGLE (MARRIED,) 8. DATE C	
MALE White (Specify)	E 3/9/2 43 yrs. Months Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work done during most of working life even in OR NOUSTRY	11. BIRTHPLACE (State or foreign country) 12. CUITEN OF WHAT COUNTRY?
done dufine most of working life even in FRATOR NDUSTRY WA	DELAWARE
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tolinh Mungia	Tallani () Phillips
15. WAS DECEASED EVER IN U. S. ARMED FORGES? 16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS // 1 / 10
(Yes, no funk.) (If Yes, givefuet or dates of service) 20160	HT morganit / Masia Solly Jo
18. MEDICAL CEI	RTIFICATION INTERVAL SCIWEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
5 1 1 IMMEDIATE CAUSE (A) Clearly denot of	harflered adrend hungherry 24 hours.
ANTECEDENT CAUSE(S) DUE TO P	DD - D + A of Sula-licentic 4-1156
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DIF TO CLEASE OF CLEAN CLEA	(2 days)
STATING UNDERLYING CAUSE LAST.	a tot Ic but enforting 3-29-5/2
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 'Las sill-acust a	welfully ; chilithan (15 days)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
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21e. ACCIDENT WAS UNDERLYING ☐ 21b. PŁACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	21f. HOW DID INJURY OCCUR?
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funter R. Mann Jr. M.D. 2	ADDRESS (Street, city, lown, stete) DATE SIGNED A Maryling and, Jahren, Md. 4-13-56
23. BUBIAL, CREMATION, DATE, THEREOF NAME OF CEMETERY OR	
REMOVAL (SPECIFY)	The second of th
June 11/3/30 avery	ceny Julyeun y 1911.
24. REC'D BY REGISTRAR 30 REGISTRAR'S SIGNATURE	25. EUNERAL DIRECTOR'S SIGNATURE ADDRESS
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SEASTLAND STATE DEPARTMENT OF PRACTICAL STATE OF A STATE OF

1555 CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4558 CERTIFICATE OF DEATH

	1. PLACE OF DEATH				2. USUAL RE	SIDENCE	(HOME) OF	DECEA	SED	
1	COUNTY Wicomico		MARYLAI	ND	STATE Mar	brefv	COUN	TY 1	Wicomi	co
1	CITY (If outside corporate limits, write RUR	RAL	LENGTH OF S	STAY	CITY (If outsi		fimits, write RURA			
	OR and give nearest town) TOWN Salisby	שירנו	(in this plac	:0)	OR	alisbu				
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ı	INSTITUTION OR		-1 /2 2	Her \	ADDRESS	~		give loceti		, ,
L		sbury Bly		からり		· Sali	sbury B		R.D.#3)
ŀ	3. NAME OF (First) DECEASED		(iddla)		(Last)		4. DATE ((Dey)	(Year)
l	(Type or Print) MARGARET	Al	AMM	VC	OIGT		DEATH	APRI	L 4t	h 19 5
ľ		SINGLE, MARRIED		8. DATE OF	BIRTH	9.	AGE lest birthday	IF UN	NDER 1 YEAR	IF UNDER 2
ı	Female White	WIDOWED, DIVO		Marrami	er 18,188	5	70 y	Month	hs Pexs	Hours
_	10e. USUAL OCCUPATION (Give kind of work		OF BUSINESS		II. BIRTHPLACE (State			15. 4		N OF WHA
	done during most of working life, even if		NDUSTRY	186						VTRY?
	retired) House Work	at ho	ome		Baltimore	, Mary	land	4 (0.00)	U	SA
	13. FATHER'S NAME				14. MOTHER'S A					
	Richard Ritter				Barbar	a Kell	ner			
	15. WAS DECEASED EVER IN U. S. ARMED FO		SOCIAL SECURI	ITY NO.	17. INFORM	ANT & ADD	E. Voigt	10	1 200	4 0 04
l	(Yas, no, or unk.) (If Yas, giva war or dates of	f service)			Mr. Mic	chaer .	E. VOIET	(501	1) 1004	F 9. DI.
3			18. MEDI	CAL CER	TIFICATION	PSTI	sbury Ma	TLATET		RVAL BETWI
	I DISEASES OR CONDITIONS DIRECTLY LEADI	ING TO DEATH	12	1 0			,			SET AND DE
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MARTIAND STATE DEPARTMENT OF BRAITH-SAUTHORE 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1556	CERTIFICATE	OF DEATH
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Reg. Dist. No. 4563

1. PLACE OF DEATH o. COUNTY	Wicomico		MAR	YLAND	2. USUAL RESIDENCE (V	Where decease	d lived. If institut b. COUNTY		before admiss	ion)
b. CITY OR TOWN (I	f outside corporate limit	ts, write	c. LENGTH OF STAT	7 IN 16	c. CITY OR TOWN (If		prote limits, write f			1)
RURAL ond give ne	isbury		Most of 1	life		Sal	isbury			1:
	'AL (If not in hospital, g	ive street			d. STREET ADDRESS				e. IS RES	IDENCE
A .	ome - 704 N	Vesto	ver Circle	9		704	Westover	Circle		FARM?
3. NAME OF	Fir		Middle		Last	4. DATE	Mod			Year
(Type or print)	Har	lan			Waller	OF DEATH	4		27 -	1956
S. SEX	6. COLOR OR RACE	7. MARE	RIED MEVER MARR	IED 🔲	8. DATE OF BIRTH		9. AGE (In years lost birthday)		EAR IF UND	
Male	A.A.	WIDOW	ED DIVORCE	ED 🔲	1882		74 yrs.	Months Do	ays Hours	Min.
100. USUAL OCCUPATION	ON (Give kind of work of king life, even if retired)	ione 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stol	te or foreign o	country)	12. CITIZE	N OF WHAT	COUNTRY?
Labor			illips Car	mer	Quantico,	Wicom	ico Co.M	d.	U.S.	A.
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	1 11 11			
	Unknown					Liz	zie Coll	ier		
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	O. 17. I	NFORMANT		2011 Dre	fed Hill	Ave.	
No.	(If yes, give war or dates of so NO	HAICE		E	verett W. Wal	ler. J	r. Balti	more, M	larylan	d
Conditions, if a gave rise to it code (o), stoling lying couse last.	mmediate (Due To		~ CONO	mo	goon	cery	1316000	Y	Lindle	Spale
CATIC					NOT RELATED TO THE TER			VEN IN PART 1	PERFO	AUTOPSY PRMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY (OCCURRE	D. (Enter noture of injury is	n Port I or Po	rt II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While of wor	NJURY OCCURRED Not while of work	20e. PL fo	ACE OF INJURY (Home, for clory, street, office bldg., e	rm, 20f. (Cit	y or town)	(Cou	inty)	(Stote)
21. I certify the olive on	at I attended the	deceas , 19	2/	7 M t deoth		M, from	m the couses of the couse o	and on the	dote stote	
220. BURIAL, CREMATIO REMOVAL (Specify) Eurial	4-30-5	6	Green Act		r CREMATORY em. Park		TION (City, town,		(Stote	
23. FUNERAL DIRECTOR' J. F. Stew	s signature Man art Funeral	y a. Hon	Standard Salisby		24a. RE	C'D 8Y REGIS		STRAR'S SIGN	ATURE	vey

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1. PLACE OF DEATH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. USUAL RES	IDENCE (HOM	E) OF DECEA	SED	
COUNTY Wicomico		RYLAND	017116	yland	COOM	Wicomico	
CITY (If outside corporate limits, writ OR and give neerest town) TOWN Quant	(ir	GTH OF STAY n this piece)	OR TOWN	Quantico	ite RURAL end give	neerest town)	10
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D.	# 2		STREET ADDRESS	R.D. #	(If rurel give locet	ion)	
3. NAME OF (First) DECEASED (Type or Print) WILLIA	(Middle) HENR	Y MAI	(Lost) ISON	OF	ATE (Month)	(Day) 1 12	(Year)
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowe	8. DATE OF	er 15. 187	9. AGE lest	birthday IF Un Mont		UNDER 2
10a. USUAL OCCUPATION (Give kind of done during most of working life, ev retired) Retired Farm	work 10b. KIND OF BL OR INDUST	JSINESS I	11. BIRTHPLACE (State Willards	or foreign country)		12. CITIZEN COUNTR	Y?
13. FATHER'S NAME			14. MOTHER'S M.				D 25
Minos Eurton Wat	son		Elizabet	h Betts			
I DISEASES OR CONDITIONS DIRECTLY MMEDIATE CAUSE	W Ceres	brol d	Jourons	une	` `	\ \\	AND DE
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ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B) Value DUE TO (C) NTRIBUTING THE	o pale	المناسبة الم	merole	Sed.	10	Jea
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INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 4557

04565 Reg. Dist. No. 332

1. PLACE OF DEATH	1 2. USUAL RESIDENCE (HOME) OF DECEASED
	N I I I I I I
COUNTY UICEMICE MARYLAND	STATE / Gry and county Wicomico
CITY (It outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corporete limits, write RURAL and give nearest town)
OR and give naerest town) (in this place)	OR TOWN HOLES LIVE !
~ Lexisbuley	Letter Dull
HOSPITAL OR INSTITUTION OR	STREET ADDRESS ADDRESS
STREET ADDRESS Chinswa Vaneral Aospita	604 NOSE ST.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yaar)
DECEASED	or
(Type or Print)	West DEATH 4 10 1936
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.
RACE WIDOWED, DIVORCED, (Specify) 4/24/home	Months Days Hours Min.
[Colored //ewboll 7	-10-26 yrs. 1635
10e. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ratirad)	200 100 100 100 100 100 100 100 100 100
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
13. FAITHER 3 NAME	14. MOTHER 3 MAINET TAME
Italston Howard West	Woonne Wilcon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yas, giva wer or detas of sarvice)	the LL which in a cold
	HOLDER THOUSE BUY BOS CST.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION Salisbill TITLE ONSET AND DEATH
Real Total State of the Company of t	= 0.
774X IMMEDIATE CAUSE (A) Ocoperator	y lacking
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) Cremate	y-JC4
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DOE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	an Almoheva
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. While Not while at work	
41/2	
22. I hereby certify that I attended the deceased from.	1.1.1
alive on 4/10 , 19.5 , and that death occurred a	at
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
William C. Morgan M.D.	La lustra MA 4/11/56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF	R CREMATORY LOCATION (City, town, or county) (Steta)
REMOVAL (SPECIFY)	
(CRemotion 4/12/50 1000 1000	Jeneral Applied Salish und Ma
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. EUNERAL DIRECTOR'S SIGNATURE ADDRESS
4-12-56 May 11 Hellow	Paragraph of Standard Thank to
DATE / 12 0 Mary W. House Way	I EMMONIA SUNCAL HOSPICAL

CERTIFICATE OF DEATH

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VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
4558	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

					Reg. D	
1. PLACE OF DEATH a. COUNTY	Wicomico	MARYLAN	2. USUAL RESIDENCE (WAR O. STATE Maryland	1 6	DUNITY	albot
b. CITY OR TOWN (I RURAL and give no	f autside carporate fimits, write	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If o	utside corporate limits,	write RURAL and	give nearest tawn)
	ry, Maryland	5 mo. 21 da	ys Easton, 1	Maryland		20-40-2
d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, give street Deer's Head Sta		d. STREET ADDRESS 410 Augus	st St.		e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Ella	Middle	Williams	4. DATE OF DEATH A	Month pril	29 Year 19 56
s. sex Female	6. COLOR OR RACE 7. MARK	35	0 1 00 7	9. AGE (In last birt	years IF UNDER	R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATIO during mast af wark	ON (Give kind of work done 10b. sing life, even if retired)	KIND OF BUSINESS OR IN unk	DUSTRY 11. BIRTHPLACE (State Virgin:			USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N			
Jo	ohn Arendt		Eliza	Sheets		
	R IN U. S. ARMED FORCES? 16.	social security No. 17	Mospital Reco	rds	Address	
	mmediate (DUE TO	rte non	e. cardior	vas. des	lare.	INTERVAL BETWEEN ONSEYAND DEATH
3	RER SIGNIFICANT CONDITIONS C S UNDERLYING 20b. DESI CAUSE OF DEATH MEDICAL EXAMINER)		BUT NOT RELATED TO THE TERMI			RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUR Haur a. fr. p. m.		Nat while	PLACE OF INJURY (Home, farm factory, street, office bldg., etc	, 20f. (City or tawn)	((County) (State)
21. I certify the clive onACTUAL SIGNATUREPHYSICIAN'S NAME (Type)	at I attended the decease the 29, 19 decline	$\frac{56}{1}$, and that dec	oth occurred at 2 1	Apr. 29., 1 A.M., from the con ADDRESS (Street, city of Dury, Maryl	uses and an town, state)	last saw the deceased the date stated abave. DATE SIGNED Apr. 29, 19
220 BURIAL CREMATIO REMOVAL (Specify)	May 1, 56	22c. NAME OF CEMETERY	CONCREMATORY	22d. LOGINION ICHY.	tawn, or caunty)	(State)
23. FUNERAL DIRECTOR	SMENATURE	Cast	W ACA DATE	BY REGISTRAR 246	REGISTRAR'S SH	GNATURE HOLLOWAY

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SE I YOU do

Robert Williams

Marion Station, Co. 86.5.

Hester (Unknown)

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APR 23 1956

82131 PO 1221156 11 Branch Charles H Ward waren Sta Jud 1235 mm

MARYLAND 4560	STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 CERTIFICATE OF DEATH			
	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions o. STATE b. COUNTY Maryland		
porate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUR Cambridge		
haspitol, give street	address)	d. STREET ADDRESS		

1. PLACE OF DEATH Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Wicomico Dorchester b. CITY OR TOWN (If outside con If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Salisbury d. NAME OF HOSPITAL (If not in . IS RESIDENCE OR INSTITUTION ON A FARM? Deer's Head State Hospital Schoolhouse Lane YES NO NAME OF 4. DATE OF DEATH First Middle Lost Month Day Year DECEASED Louise (Type or print) Willis April 8 1956 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Days Hours Female Colored WIDOWED T DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Fruitland, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Willis Lula Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records 014-07-8634 Unknown 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial insufficiency 3 weeks DUE TO Arteriosclerotic cardiovascular disease with Canditians, if any, which gave rise to immediate DUE TO auricular flutter cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? Thrombosis with left hemiplegia Old Cerebral YES NO IX 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) (County) foctory, street, affice bldg., etc.) Haur a. ft. Nat while at work p. m. Jan. to April 8 , 1956 that I last saw the deceased 21. I certify that I attended the deceased from. ___, and that death occurred at 2:35P.M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Deer's Head State Hospital PHYSICIAN'S Salisbury, Maryland V. Juerman. M. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) Waugh Cemetery Burial 956 Cambridge. Maryland 23. FUNERACDIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Cambridge, Maryland out

04568

Rea. Dist. No

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VS A15 (4) 15M 9/55

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Dr. Gi	ilmore	MARY & Ellis	LAND 456	STATE DEPA		ATE OF I			TIMOR	E, 1	8 Reg. Di	1)45	69
1. PLACE OF	F DEATH	Wienwin				2. USUAL RESI		1135720270.00		nstitutia	n: Resider			
		Wicomico			YLAND		Maryl	and	b. cc	JUNIT		W	icom	ico
	OR TOWN (If and give nec	outside corporate lin prest town) Salisbur		c. LENGTH OF STA	Y IN 1b	c. CITY OR	Salis		orate limits,	write RU	RAL and	give near	rest tawn	1
d. NAME OR INS	OF HOSPITA	Pen. Ger				d. STREET	ADDRESS	Davis	St				ON A	DENCE FARM? NO
3. NAME OF	D		irst	Middl		lo		4. DATE OF DEATH		Monti	h	Day	,	l'ear
(Type or p	print)	HOWA		ALON		WILS		DEATH		Apr		16		19 56
5. SEX Male		6. COLOR OR RACE White	7. MARR	DIVORO		8. DATE OF BIRT		1908	9. AGE (In last birth	years ndoy) yrs.	Months	Days 25	Hours	R 24 HRS. Min.
10a. USUAL	OCCUPATION	N (Give kind of wark ng life, even if retire	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (State	ar fareign c	auntry)	1991	12. CI	TIZEN OF	WHAT	COUNTRY
	or of I			upply Stor	re	Quar			ryland	L		t	JS	A
	onzo V	Vilson					Anna							
(Yes, no. or unk		IN U. S. ARMED FO f yes, give war or dates of		SOCIAL SECURITY N	0. 17. 1	Mrs. Bar		H. Wil:	son(Wi	Addre fe)		Davi	.s S1	
	PART I. DEAT	TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (Mysical	1.] i	al In	vfai	et	0	ee	to		RVAL BE	DEATH
Candil gave cause (tians, if an rise to im (a), stating the course last.	mediate	b) a	Alio	se	cluste	e Ce	reon	as y	lece	mao	5		0
20g. ACO OR CON (IF EITHE	PART II. OTH	ER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITIO	ON GIVE	N IN PAR	T 1(a) 19	PERFO	AUTOPSY RMED?
	CIDENT WAS	UNDERLYING A CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter nature o	of injury in P	art I ar Par	t II af item	16.)				
-	E OF INJURY our a. fi. p. m.	Month, Day, Y	While	Nat while at work	20e. Pi.	ACE OF INJURY (ctary, street, affic	(Hame, farm e bldg., etc.	, 20f. (Cit	y or tawn)		(County)		(State)
21. I calive of	on	at I attended the	decease , 12	5/	2 (et death	n occurred at		ADDRESS (S	n the cau treet, city ar	ses ar	nd on t		e ^s state	deceased above. TE SIGNED
BUNGICI	Dr.		llis.N Gilmon						rylan	d		Apr	il /	6 195
REMOV	, CREMATION AL (Specify) Burial	ADY 18		22c. NAME OF CEA					TION (City,	/	county)		(State) '•,
	DIRECTOR'S		701-7	ADDRESS BURY MARY			24a. REC*0	BY REGIST			RAR'S SIG		00	

DATE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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SETTO DE L'ADRES AL BORNES

VS A15 (4) 15M 9/55 0.00

	- 4571	LAND STATE	CERTIFIC	ATE OF DEAT	H—BALIIMORE, H	Reg. Dist.	04571
PLACE OF DEATH COUNTY	Wicomico		MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary)	here deceased lived. If insti- and b. COUN		before admission) Omico
b. CITY OR TOWN (I RURAL and give no	If autside corporate limi earest tawn) Pittsv:		OF STAY IN 16		outside corporate limits, write	te RURAL and give	e nearest town)
d. NAME OF HOSPIT	R.D. #	ive street address)		d. STREET ADDRESS R. D.	#		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ERNI		Middle BARRISON	WORKMAN	4. DATE OF ATTENDED	Month pril 1	Day Year 56
s. sex Male	White	7. MARRIED MEV	DIVORCED [B. DATE OF BIRTH April 29,188		ors IF UNDER 1 Y y) Months Da yrs. 77	EAR IF UNDER 24 HRS.
J'armer 3. FATHER'S NAME	ON (Give kind of work king life, even if retired	Farn	usiness or indu	14. MOTHER'S MAIDEN	lle, Maryland		U S A
S. WAS DECEASED EVE		CES? 16. SOCIAL SEC	URITY NO. V	INFORMANT		Address (Wife) R.D. #
Conditions, if or gove rise to it cause (a), stoting lying cause last.	mmediate the <u>under-</u>		nary	Juron	Morris		ONSET AND SEATH
3	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER			NOT RELATED TO THE TERM D. (Enter nature of injury in		GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUR Hour O. Jr. p. m.		ir 20d. INJURY OCCU While Not who of work at work	nile fo	ACE OF INJURY (Home, farm clary, street, office bldg., etc	20f. (City or town)	(Cour	nty) (Stole)
actual SIGNATURE	at 1 attended the	1956,0	nd that death	M.D. Maryland	ADDRESS (Street, city or tow	s and an the	t saw the deceased date stated above DATE SIGNED
NAME (Type) Dr 20. BURIAL, CREMATION REMOVAL (Specify) BUrial		F 22c. NAME	OF CEMETERY O	R CREMATORY	Maryland 2d. LOCATION (City, town Salisbur		(State)
3. FUNERAL DIRECTOR:	A SACRET OF THE PARTY OF THE PA	SALISBURY	SS	24a. REC'		GISTRAR'S SIGNA	

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